

## **Hospital Inspection (Unannounced)**

● Cardiff and Vale University  
Health Board:

● University Hospital of Wales,  
Emergency Unit

Inspection Date: 7<sup>th</sup> & 8<sup>th</sup> March 2017

Publication Date: 9 June 2017

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of the Emergency Unit at the University Hospital Wales, Cardiff within Cardiff and Vale University Health Board on the 7 and 8 March 2017.

Our team, for the inspection, comprised of one inspection manager, two peer reviewers and one lay reviewer. Also in attendance was one external staff member who was observing the inspection process.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

## 2. Context

Cardiff and Vale University Health Board is one of the largest National Health Service (NHS) organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

Cardiff and Vale University Health Board includes six in-patient hospitals and four out-patient hospitals (Dental, Cardiff Royal Infirmary, Whitchurch, and Lansdowne).

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists, and optometrists are also the responsibility of Cardiff and Vale University Health Board. Additionally, it serves the population across Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

### **Emergency Unit - University Hospital of Wales**

The Emergency Unit (EU) in the University Hospital of Wales has the third highest activity levels within the United Kingdom. The EU receives approximately 140,000 patients annually and of these attendees approximately 33,000 are children.

The EU received a capital investment of £3.4 million to upgrade and renovate. The new EU opened in 2015 and now includes a seven-bedded resuscitation area, which incorporates a dedicated paediatric bay. Located within the EU is a CT scanner which enables patients to be transferred without delay for their necessary imaging requirements.

The EU has 12 emergency medicine consultants who provide care to both children and adults with an additional four consultants specialising in paediatric emergency medicine.

### 3. Summary

**The EU incorporates several sub areas, such as majors, minors, resuscitation, assessment units and paediatric. For the purpose of this inspection we evaluated the majors, minors, resuscitation and paediatric areas within the EU.**

**Overall, we found evidence that the EU provided a good standard of care and treatment to patients. This was evidenced as we received positive feedback from patients and family and staff demonstrated enthusiasm and compassion in providing safe and dignified care. The care and treatment provided to patients at the EU was observed to be, on the whole, safe and effective. We were informed by senior management that staffing levels were consistent and that this was an area of management under constant evaluation. We observed senior members of nursing and medical staff providing guidance and support to junior members of staff in a timely manner.**

**The EU had evidence-based policies and procedures relating to care and treatment, which were easily accessible to staff. Information about patients (such as test results) was readily accessible. There was evidence of different staff groups working well together throughout the EU.**

**The clinical environments within the EU were clean and tidy. Staff interactions with patients / family / friends and colleagues were professional and they were courteous in their approach.**

We made a number of observations during our inspection which informed us that the health board was not fully compliant with all Health and Care Standards.

This is what we found the health board did well:

- Discussions with patients identified that they were generally happy with the care and treatment they had received at the ED.
- Patients informed us they were happy that they were kept informed as to the plan of treatment to be provided and what investigations were required.
- Patients were observed to be treated and assisted in a dignified and courteous manner.

- Senior nurses were visible within the EU and monitored their specific areas in order to ensure safe and effective care and that patient flow through the EU was as optimal as possible.
- Paediatric unit staffing levels were good and staff felt happy with the level of support received from senior staff and management.
- The paediatric unit demonstrated innovation in order to improve the service provided and had devised a new EU card specifically for children. This new document paid significant importance to the concept of safeguarding.
- Generally staff documentation was completed to a good standard, in particular, NEWS<sup>1</sup> and Sepsis bundles<sup>2</sup>.

This is what we recommend the health board could improve:

- The paediatric unit environment was tired and worn, and was noted as being a difficult location to provide safe and effective care, due to its design and limited space.
- Improvement to the environment leading to the wards within the hospital was needed as it could potentially pose a significant health and safety risk to patients and staff.
- Adherence to effective infection control practices and principles should be improved.
- All staff to received an annual performance development review
- Documentation of staff training must be consolidated and recorded in a consistent manner and all staff should receive timely mandatory training.
- The EU and health board must promote and improve the utilisation of the Welsh language.

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<sup>1</sup> The National Early Warning Score (NEWS) enables health care staff to calculate and articulate the level of risk of a patient's physical condition deteriorating in a standardised way.

<sup>2</sup> Sepsis bundles enables health care staff to assess patients at risk of developing Sepsis. Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs.

## 4. Findings

### *Quality of the patient experience*

Overall patients and their relatives commented that they were content with the care and treatment provided at the EU. Patients received care and treatment, which was on the whole timely and individualised to their specific needs.

We observed during the two days of inspection that patients were being assisted by staff in a courteous and dignified manner. Staff were observed taking their time with patients and providing care and treatment in a calm and considerate way.

At the time of our inspection the EU was busy but there was an air of control and calmness experienced by the inspection team.

The entire EU was observed as being clean and efforts were observed on the days of our inspections to make the environment as clutter free as possible in order to minimise the potential of falls due to trip hazards. Equipment was viewed on the first morning of our visit to be in areas that could pose a risk to patients as they were blocking safe and effective utilisation of hand rails within the Unit.

The paediatric environment was a challenging environment for staff to provide safe and effective care due to its layout and space limitations.

The health board were keen to encourage the receipt of feedback in relation to the patients' experience of their visit to the EU. This was promoted through the utilisation of posters located throughout the EU highlighting the importance of feedback and the methods that this could be provided.

### Staying healthy

*Standard 1.1 Health promotion, protection and improvement*

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.*

There was a range of information available to patients to help them manage their own health and well-being. Medical and nursing staff provided a range of specific leaflets such as head injury advice, wound care and plaster of Paris care to help patients manage their own injuries and illnesses. These included steps to be undertaken if their recovery was not as expected.

Information was also available in regards to allied services and health provisions that maybe of assistance to patients and or their family / friends.

### **Dignified care**

#### *Standard 4.1 Dignified care*

*People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.*

The EU had a number of assessment and treatment areas, including a resuscitation area, 'majors' , 'minors' cubicles and a triage room. During all consultations with patients we saw staff drawing curtains to maintain patients' privacy and dignity.

There was good access for walking patients into the unit via the main entrance. The waiting area within the main EU provided sufficient seating for patients. There was also sufficient space available for people with mobility difficulties and for people using mobility aids and scooters.

Walk in patients were able to register at the main reception desk. We observed sufficient numbers of staff available to deal with the flow of patients attending the department on the days of our visit. Signs were displayed within the department to help patients find their way around. Colour coded lines were observed on the floor within the EU to assist people to find their intended destination. There were also notice boards and an electronic screen displaying general information about the department.

#### *Standard 4.2 Patient information*

*People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to*

*enable and support them make an informed decision about the care as an equal partner.*

*Standard 3.2 Communicating effectively*

*In communicating with people health services proactively meet individual language and communication needs.*

A family member of a patient at the EU made positive comments in regards to being kept informed as to the proposed treatment plan and what tests were being undertaken. The relative informed us that regular updates on tests results was notified to them. They felt that this area of practice was very good as it managed their expectations in relation to their expected duration of wait within the EU.

We observed staff communicating to patients in a dignified and caring manner. Throughout our inspection we did not hear any staff disclosing personal information in front of other patients and people present within the department. Staff spoke to patients in a calm and courteous manner, ensuring their privacy and dignity.

During the inspection we observed information for patients and relatives regarding their on going care and treatment. Information was also available on allied organisations that could provide help and support to patients and their families.

We observed that there was limited information available to patients through the medium of Welsh. There was a slight improvement of Welsh language literature and information available in the paediatric area but this was again minimal.

***Improvement needed***

**The health board must ensure that the Welsh language receives the same level of attention as that of the English language.**

**Timely care**

*Standard 5.1 Timely access*

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the*

*right staff.*

During the visit we were taken through both the ambulance trolley and walk in patient journey. Clear processes were in place to ensure that patients presenting with an illness / injury were treated in the most appropriate location within the building. This was achieved via the correct utilisation of triage and pre hospital information being provided to staff before patients attended via ambulance.

Generally patients were assessed in a timely and methodical manner. We were informed that at busy periods there could be a significant delay of up to an hour for paediatric patients to receive their initial triage. This was due to the challenging environment and lack of space within the paediatric unit. Staff were attempting to manage this risk by undertaking regular observations of the waiting area.

On the days of the inspections ambulances were viewed outside the EU but no patients had to wait any significant length of time to be admitted to the EU. Waiting areas were observed as being calm and patient flow throughout the EU was adequate. The hospital itself was at escalation level 4, which is the highest level possible due to the lack of bed capacity within the hospital.

### ***Improvement needed***

**The health board must ensure that patients within paediatric unit are triaged as soon as possible. The health board must provide an action plan identifying what processes are in place to safeguard children when the paediatric unit is busy and triage becomes delayed due to space limitations and building configuration issues.**

### **Individual care**

*Standard 6.2 Peoples rights*

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.*

From our observations, we identified improvements were necessary in relation to patients with potential cognitive impairment. It was identified that the mental capacity of a patient had not been fully considered and it was noted that this

would be more of an issue once the patient had been admitted to one of the wards within the hospital. Mental capacity must be identified and evaluated for all patients. Any form of test or procedure on patients must clearly identify the patients' capacity to consent to treatment.

***Improvement needed***

**The health board must ensure that if there are any reasons to doubt a patient's capacity to make a particular decision, a mental capacity assessment will be required and the outcome of the assessment documented accordingly.**

*Standard 6.3 Listening and learning from feedback*

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.*

During our inspection we observed posters placed through the EU identifying how patients could raise a concern / complaint or provide comment. Records of complaints received by the EU were viewed. The records were completed fully and demonstrated what investigations had been undertaken and the formal outcome of the investigation. It was also pleasing to view several cards and letters received by the EU noting gratitude for the excellent care and treatment received by patients and relatives at the EU.

## *Delivery of safe and effective care*

**Overall, arrangements were in place to promote the safety and welfare of patients. People experienced care, treatment and support that met their needs and protected their rights. We spoke with patients and their relatives in the department on the day of our inspection. All were positive about the care and treatment they had received.**

**We made a number of observations during our inspection which informed us that the health board was not fully compliant with all Health and Care Standards.**

**We identified that medication management and administration practices generally, were safe and effective.**

**We saw information, for example within policies and clinical guidance, which was available to staff to ensure patients' treatment and care, were reflective of up to date research and national guidelines.**

### **Safe care**

*Standard 2.1 Managing risk and promoting health and safety*

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.*

Following the tour of the EU and having had discussions with staff and patients / relatives it was noted that the flow between areas of the EU was satisfactory. The EU was secure and access to certain areas within the EU was restricted via the utilisation of identity cards. This promoted privacy and dignity of patients as it reduced unnecessary wandering of people through the EU. It also supported the safety and welfare of patients that had a tendency to wander.

A dedicated triage room was located near to the waiting area. It was identified that the room only had one entry point. This could potentially place staff at risk when assessing potentially volatile patients. It was identified that help alarms were available in the room and immediate assistance would be summoned easily if necessary. Only having one access point into the room was not ideal and the management and health board must continually assess its utilisation as an effective safe location for staff to assess patients.

We were informed that patients being transferred to the wards within the hospital had to be taken via a service type corridor. We viewed the connecting

corridor and it was found to be extremely cluttered and dirty and posed a definite risk to certain patients, i.e. chest conditions and for staff and relatives having to utilise this area.

### **Improvement needed**

**The health board must improve this environment and ensure it is safe for patients, relatives and staff to use.**

During the tour of the paediatric unit it became obvious that there were significant issues in relation to the physical layout of the unit. Firstly, staff were unable to view the waiting area unless they physically walked into the waiting area or opened the triage room door leading to the waiting area, to view the patients. This posed significant risks to patients as they were not being observed in a safe and effective manner.

The clinical patient bays within the paediatric unit were confined and space was of a premium. Due to this space confinement, providing emergency care and treatment to a critically ill child could be extremely challenging for staff.

During our visit, we were informed that a child had to wait in the adult mental health room as there was no adequate safe location for a child within the paediatric unit. This was not best practice as the room was not specific for a child. This issue again related to the design and construction of the paediatric unit.

The paediatric unit only had one triage room. This posed a significant risk during peak periods as it was noted that on occasions children could wait up to an hour to be triaged. This risk is substantial, which the staff are attempting to manage by constantly being vigilant especially during busy periods.

It was identified that the health board had in the past examined the feasibility of providing a single point of entry for all paediatric patients. This development had however now stalled. During our formal feedback session to the executive board it was identified that this concept should once again be an area of health care provision requiring urgent evaluation.

### ***Improvement needed***

**The health board must provide an action plan in relation to the potential for the implementation of a single point of entry scheme for paediatric patients.**

*Standard 2.2 Preventing pressure and tissue damage*

*People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.*

As part of the case tracking process, patients' records were evaluated. Pressure ulcer risk assessments and skin bundles<sup>3</sup> were reviewed. Eight records viewed identified that patients had been assessed for skin damage and pressure ulcer risks. These assessments were completed fully, and clearly identified the risks to patients and what strategies were to be put into place to reduce any potential risks. It was noted however that only two of the records viewed, documented that patients had been regularly turned.

***Improvement needed***

**The health board must ensure that patients at risk of developing pressure ulcers are regularly re-positioned according to their need in order to prevent hospital acquired pressure ulcers.**

*Standard 2.3 Falls prevention*

*People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability.*

Eight patients' records identified that falls risk assessments had been undertaken. Physiotherapists working within the EU also reviewed these patients, paying particular attention to their mobility, which facilitated early detection of issues and enabled, if appropriate, their safe discharge home or to an appropriate setting.

*Standard 2.4 Infection Prevention and Control (IPC) and Decontamination*

*Effective infection prevention and control needs to be everybody's business and*

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<sup>3</sup>Skin bundle is a group of interventions that is aimed at preventing pressure ulcers.

*must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.*

We saw antibacterial hand gel was available in the department for staff, patients and visitors to the hospital. Hand washing facilities were available throughout the EU with liquid soap and paper hand towels. During our visit we saw staff routinely use these facilities before and following interactions with patients, this protected patients from the risk of cross infection.

All staff within the EU had access to the health board's infection control policies and procedures, which directed staff on the prevention and control of infection.

During our observations we did identify some staff were not utilising personal and protective equipment (PPE) such as gloves and aprons when cleaning and decontaminating trolleys. This not only poses a risk to patients but also to the staff undertaking this inadequate practice. We informed senior nurses of this issue on the day of our inspection.

***Improvement needed***

***The health board must ensure that staff take sufficient precautions and adhere to the local policy for infection prevention in relation to the safe and effective decontamination of equipment within the EU.***

***Standard 2.5 Nutrition and hydration***

***People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.***

A dietician was based within the EU and we observed patients being assessed and discussions taking place in relation to their dietary and fluid requirements. It was also observed that drinks were freely available within the EU. Staff were regularly observed asking patients if they wanted anything to drink.

Staff were also observed assisting patients with their dietary requirements. Staff were seen to be assisting patients in a kind and dignified manner with their eating of the lunchtime meal. Staff were observed to be assisting patients in an unobtrusive calm manner.

*Standard 2.6 Medicines management*

*People receive medication for the correct reason, the right medication at the right dose and at the right time.*

The EU had safe systems in place to order, receive, store and dispose of medicines. The medication was obtained from the main pharmacy department at the hospital. We saw medication was stored securely in an appropriate medication cupboard. Staff had access to the health board's medication policies and procedures to ensure they were informed of the safe handling and administration of medicines.

Overall we observed safe practice and management of medication within the EU. This is because staff were observed to be checking medication in an orderly and timely manner ensuring that safe medication checking and correct administration practices were being followed. The unit had automated medication dispensing cabinets (Omniceil).

Medication records viewed were generally of a good standard and clear and concise. It was observed that some patients being administered oxygen and this had not been prescribed on the medication administration record by the doctor. The patients we observed had been in the EU for some hours and as such formal prescribing of oxygen should have been completed. The health board must ensure that all medication including oxygen is prescribed formally on the medication records.

***Improvement needed***

***The health board must ensure that oxygen be prescribed and documented accordingly in the patients records.***

*Standard 2.7 Safeguarding children and adults at risk*

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.*

The paediatric unit provided evidence to the inspection team of a new Paediatric Emergency Medicine Care – MTD documentation they had created. The document was found to be informative easy to follow and paid significant attention in relation to safeguarding. The document was not over onerous to

complete but enabled a clear picture of the child's journey through the EU to be identified.

During our discussions with qualified nursing staff it was highlighted that not all staff had access to the PARIS system. The PARIS system is used by a variety of allied health professionals such as, community physiotherapists, health visitors and school nurses to input information regarding children in the community. Staff working in the Paediatric Unit noted that they had to approach senior staff in order to gain access to this system. This, on occasions, created a delay in acquiring comprehensive information regarding a child attending the paediatric unit.

***Improvement needed***

**The health board must make arrangements for qualified staff working within the paediatric unit to have access to the PARIS database system in order to be made fully aware of any potential issues in relation to a child health / wellbeing.**

During discussions with staff it was identified that most had an understanding of safeguarding issues and the process to follow if there were any concerns. From the feedback received from staff questionnaires and evaluation of the staff training records available it was identified that this area of practice within the EU requires improvement. Staff training records identified that numerous staff had not received adult safeguarding training.

***Improvement needed***

**The health board must ensure that all health staff receive mandatory adult safeguarding training within the main EU and that staff working within the paediatric unit receive child safeguarding training.**

**Effective care**

*Standard 3.1 Safe and clinically effective care*

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.*

Patients had their observations taken regularly and the EU used the national early warning score (NEWS) system in identifying patients whose condition was deteriorating. Staff were fully aware of the action they should take if patients

deteriorated and there was a process in place for staff to follow. Staff are to be commended as it was identified that all patient records viewed during the inspection had a NEWS score recorded. There was emergency medical equipment in the department and staff were experienced at dealing with very sick patients. There were senior staff on hand to support less experienced staff 24 hours a day.

Risk assessments were undertaken such as falls, skin integrity bundles and sepsis bundles. Discussions with staff identified that sepsis management was a core component of their work and was well understood. There were designated sepsis trolleys located throughout the EU, which contained all necessary equipment and information in relation to sepsis and its management. Sepsis bundles documentation viewed as part of the inspection were all completed to a good standard.

An area of practice that was viewed to be weak during our inspection was the formal assessment and documentation of pain. This was identified in both the main EU and the paediatric unit. Some patients records viewed identified that pain had not been assessed and or documented. It was also highlighted in practice that patients having been administered pain relief were not reassessed in order to evaluate the effectiveness pain relief given. This area of practice requires improvement and careful evaluation by the management of the EU and wider health board.

### ***Improvement needed***

**The health board must ensure that all patients presenting with pain to the EU have their pain assessed formally and documented. This is to include the assessment of pain following the administration of analgesia in order to evaluate its efficacy.**

The Emergency Nurse Practitioners (ENP) service at the EU had been in operation for some considerable time. The service provided patients with the option of being seen and treated by a qualified nurse who had undertaken additional training and qualifications in order to treat and discharge a designated range of patient conditions presenting to the EU. During further discussions it was identified that ENP received support and additional training in relation to their roles but it was evident that monitoring of their clinical performance was not robust. There were no audits being performed on ENP practice and this demonstrated a weakness in management and governance.

### ***Improvement needed***

**The health board must introduce formal systems for monitoring and evaluating the practice of Emergency Nurse Practitioners within the EU.**

*Standard 3.5: Record keeping*

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.*

Overall record keeping documentation was of a satisfactory standard. Clear and concise inputs from medical, nursing and allied health professionals were viewed in patients records.

We examined a sample of patient records within the EU and identified that all documentation was completed to a satisfactory standard and in sufficient detail to assist all members of the medical and nursing team to provide the designated level of care and treatment. Risk assessments were being utilised but as previously identified this area of practice was inconsistent and requires improvement.

No immediate assurance requirements were issued during the inspection.

## *Quality of management and leadership*

**During our inspection visit we observed effective working practices between staff that promoted a collaborative approach. Senior medical and nursing staff were visible during our visit. Staff were observed as friendly and strived to deliver high quality safe and effective care to patients in a very busy EU.**

**Management structures were deemed as being appropriate to the size and nature of the EU.**

### **Governance, leadership and accountability**

*Health and Care Standards, Part 2 - Governance, leadership and accountability*

*Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

During our visit it was noted that there was clear medical and nursing leadership structures within the EU. It was evident during discussions with a range of management within the EU that staff had effective professional working relationships.

Located within the EU sub areas, resus, majors, minors and paediatric areas we saw strong leadership of services from senior medical and nursing staff. All sub areas were staffed with an identifiable senior nurse, who managed the shift for that area, ensuring safe and effective practices were maintained and evaluated.

Staff questionnaires identified that they felt enabled to attend training specific to their roles within the EU. It was highlighted that management were actively engaging with staff to provide a good range of training appropriate to their roles.

Feedback from staff questionnaires however did highlight some concerns in relation to senior management within the EU actively listening to staff concerns. This area must continually be appraised and monitored to ensure that staff opinions and views are evaluated and acted upon when necessary in a timely and responsive manner.

### ***Improvement needed***

**The health board must evaluate and continually monitor its strategies for ensuring staff comments / feedback and suggestions are actively listened to and acted upon in a timely manner if appropriate to do so.**

### **Staff and resources**

#### *Standard 7.1 Workforce*

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.*

During our inspection we viewed a busy EU dealing with patients with a range of life threatening illnesses and injuries. All areas within the EU were led by senior staff in a calm and methodical manner. Staff were fully aware of their work and undertook their duties in a consistent professional manner. All staff must be commended for their hard work and dedication to providing patients with the required care and treatment at periods of extreme emotion, anxiety and worry.

The staffing levels had recently been increased to meet demands of the service; this was particularly evident in the paediatric unit which was fully staffed with a full compliment of consultants and nursing staff. We were informed that this had improved moral and the care and treatment delivered to children. This was positive to note when considering the difficult working environment staff had to experience within the paediatric unit.

Feedback received from staff questionnaires identified that there are occasions when due to illness the department is short staffed. The senior management must continually evaluate safe levels of staffing in order to provide safe and effective care for patients and to safeguard the wellbeing of staff who can experience additional pressure during periods of reduced staffing levels.

Regular staff meetings were held, for which minutes were taken and stored electronically. These were available for inspection and showed the content and subsequent actions from the meeting.

We observed staff training records during our visit and it was difficult to get a complete overview picture in relation to which staff had completed what

training. This was because there were four different systems in operation to record staff training activities. There was inconsistent completion of these records and requires improvements and careful evaluation as to a more cohesive method of recording staff training.

***Improvement needed***

**The health board is to evaluate the current systems for recording staff training and decide on a system that is able to capture the training of all staff in a consistent and uniform manner without the need for several different software packages to be utilised.**

The staff training records indicated that there were significant gaps in staff receiving mandatory training in areas such as safeguarding adults, manual handling, information governance and violence and aggression.

***Improvement needed***

**The health board must provide an action plan clearly identifying how it intends to resolve the training issues identified in order to ensure that staff have the necessary training and skills to provide safe and effective care and treatment to patients.**

Staff appraisal statistics were viewed, which identified that 71% of staff had received an annual appraisal. This area of staff management was discussed as requiring improvement. Engaging in staff development is an essential component of individual professional development and it provides a guide to senior management on the types of training required and issues affecting staff.

***Improvement needed***

**The health board must ensure that all staff working in the EU receive timely and effective annual appraisals which are bespoke to their roles within the EU.**

## 5. Next Steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

## 6. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards 2015**



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:**  
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**  
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**  
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

*Appendix A*

**Hospital Inspection:** Improvement Plan

**Hospital:** University Hospital of Wales, Cardiff

**Ward/ Department:** Emergency Unit

**Date of inspection:** 7 & 8 March 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
8	<b>The health board must ensure that the Welsh language receives the same level of attention as that of the English language.</b>	4.2 & 3.2	There is a Welsh Language Operational plan in place to ensure that the UHB mainstreams the Welsh Language in to all policies and initiatives. This incorporates recommendations from 'More than Just Words' Strategy, Welsh Language Scheme and Welsh Language Plan.	Director of Workforce and Organisational Development	In place

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>Future reporting and monitoring arrangements across the UHB need to be clarified, once the Equality, Diversity Human Rights group is replaced</p> <p>Medicine Clinical Board must review the range of patient information that is available in the Welsh Language within the Emergency Unit</p>	<p>Director of Workforce and Organisational Development</p> <p>Lead Nurse Emergency &amp; Acute Medicine</p>	<p>By end June 2017</p> <p>By end June 2017</p>
9	<p><b>The health board must ensure that patients within paediatric unit are triaged as soon as possible. The health board must provide an action plan identifying what processes are in place to safeguard children when the paediatric unit is busy and triage becomes delayed due to space limitations and building configuration issues.</b></p>	5.1	<p>The increase in paediatric nursing establishment has provided additional nursing resource at times of high demand during the day. This has included the introduction of 2 twilight shifts (13.00hrs – 01.30hrs) This has enabled additional triage support to be mobilised, at times of high volumes of patients and when the triage queue starts to lengthen.</p>	<p>Directorate Manager Emergency Medicine</p> <p>Directorate Manager</p>	April 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>As clinical space is limited, the medical consulting room will be utilised as a 2<sup>nd</sup> triage room.</p> <p>A formal escalation plan and risk scoring matrix will be written for the Paediatric Emergency Unit.</p>	Emergency Medicine	<p>April 2017 – in place.</p> <p>June 2017</p>
10	<b>The health board must ensure that if there are any reasons to doubt a patient's capacity to make a particular decision, a mental capacity assessment will be required and the outcome of the assessment documented accordingly.</b>	6.2	<p>Mental Capacity Act (MCA) training is mandatory for all UHB staff</p> <p>Each Clinical Board (CB) in the UHB has an MCA lead whose role is to raise awareness of the Act and ensure that it features appropriately in CB meetings – e.g. Quality, Safety and Experience</p> <p>All EU staff will be reminded of the need to comply with the MCA when</p>	<p>Medical Director</p> <p>Medical Director</p> <p>Lead Nurse, Emergency</p>	<p>In place</p> <p>In place</p> <p>End May 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>working with patients</p> <p>A Mental Capacity Act (MCA) section will be added on the EU card to prompt medical staff to undertake an MCA assessment and document the outcome for any patient who attend EU with any signs of reduced or impaired mental capacity.</p> <p>Spot check audits will be undertaken to ensure this assessment is being undertaken and this will be reported back through local Quality, Safety and Experience arrangements.</p> <p>The UHB will continue to monitor Clinical Board compliance with the MCA through its well embedded Mental Health and Capacity Legislation Committee</p> <p>There will be a specific focus on uptake of mandatory MCA training in each Clinical Board in Executive Performance Reviews during 2017-</p>	<p>Care Directorate Manager Emergency Medicine</p> <p>Clinical Director, Emergency Medicine.</p> <p>Medical Director</p> <p>Medical Director</p>	<p>August 2017</p> <p>November 2017</p> <p>Completed and embedded as part of routine UHB practice</p> <p>Review Sept 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			2018		
<b>Delivery of safe and effective care</b>					
12	<b>The health board must improve this environment and ensure it is safe for patients, relatives and staff to use.</b>	2.1	The UHB will undertake a review of the service corridors which are used to transfer patients to other areas within the hospital to put in place a plan to de-clutter and clean the area.	Head of facilities - Capital estates	Review to be completed by end May 2017. All necessary actions to be completed by end June 2017.
12	<b>The health board must provide an action plan in relation to the potential for the implementation of a single point of entry scheme for paediatric patients.</b>	2.1	The Project Lead for SPE scheme has been appointed and will commence June 2017 and will work with all key stakeholders to develop and implement a new process going forward	Lead Nurse, Emergency Care	September 2017
13	<b>The health board must ensure that patients at risk of developing</b>	2.2	Staff in the EU will be reminded of the importance of accurately recording when patients have had their position	Lead Nurse Emergency & Acute	May 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	<p><b>pressure ulcers are regularly re-positioned according to their need in order to prevent hospital acquired pressure ulcers.</b></p>		<p>changed as part of the prevention and management of pressure damage.</p> <p>Spot check audits as well as the monthly routine audits to be undertaken by the nurses leading the 'Pressure ulcer' group. These will specifically include a check as to whether there has been robust recording of when patients' position has been turned.</p> <p>Audits and action plans to be presented to the Lead nurse monthly as part of the Quality, Safety and Experience performance review.</p> <p>UHB Pressure Ulcer Task and Finish Group has been established to re-focus on a number of priority work streams to reduce the risk of pressure damage. This report will be discussed at the next meeting so that appropriate recommendations are made for UHB wide improvement</p>	<p>Medicine</p> <p>Lead Nurse Emergency &amp; Acute Medicine</p> <p>Lead Nurse Emergency &amp; Acute Medicine</p> <p>Chair of the Pressure Ulcer task and finish group</p>	<p>May 2017</p> <p>May 2017</p> <p>May 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
14	<b>The health board must ensure that staff take sufficient precautions and adhere to the local policy for infection prevention in relation to the safe and effective decontamination of equipment within the EU.</b>	2.4	<p>All staff will be reminded of the importance of adhering to the infection control policy in relation to the cleaning of equipment. This will be cascaded via the Infection Prevention &amp; Control (IP&amp;C) nursing leads in EU and via the Lead Nurse by the use of the EU staff communication page.</p> <p>The UHB will be participating in the forthcoming national Hand Hygiene Day on May 5<sup>th</sup> 2017 and will use this as an opportunity to highlight this issue.</p> <p>This issue will be reinforced at all IP+C training during 'mandatory May' as well as all other IP+C training throughout the year</p> <p>This will be included as part of regular IP&amp;C audits across the UHB</p>	<p>Lead Nurse Emergency &amp; Acute Medicine</p> <p>Senior Nurse IP&amp;C</p> <p>Senior Nurse IP&amp;C</p> <p>Deputy Executive Nurse Director</p>	<p>May 2017</p> <p>May 5<sup>th</sup> 2017</p> <p>Review September 2017</p> <p>To commence with immediate effect</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
15	<b>The health board must ensure that oxygen be prescribed and documented accordingly in the patients records.</b>	2.6	<p>The Oxygen prescription section will be included onto the EU card.</p> <p>Spot check audits will be undertaken and presented at Emergency Medicine Q,S, E meetings.</p> <p>The UHB will continue to monitor this through the internal observations of care visits throughout the year</p>	<p>Directorate manager, Emergency Medicine</p> <p>Clinical Director Emergency Medicine</p> <p>Deputy Executive Nurse Director</p>	<p>August 2017</p> <p>Review Sept 2017</p>
16	<b>The health board must make arrangements for qualified staff working within the paediatric unit to have access to the PARIS database system in order to be made fully aware of any potential issues in relation to a child health / wellbeing.</b>	2.7	IT & PARIS Installation request forms to be completed for nursing staff who require this access.	Lead Nurse Emergency & Acute Medicine	May 2017
16	<b>The health board must ensure that</b>	2.7	All nurses will be rostered onto the study leave planner for mandatory	Lead Nurse Emergency &	June 2018

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	<b>all health staff receive mandatory adult safeguarding training within the main EU and that staff working within the paediatric unit receive child safeguarding training.</b>		<p>training by the Education Team within EU.</p> <p>All nursing staff in the Paediatric Emergency Unit are to be allocated time of the study leave planner to ensure they are up to date with mandatory training and child safeguard training</p> <p>Uptake of adult and child safeguarding training will be monitored closely by the Medicine Clinical Board</p>	<p>Acute Medicine</p> <p>Lead Nurse Emergency &amp; Acute Medicine</p> <p>Director of Nursing Medicine clinical Board</p>	<p>November 2017</p> <p>Review November 2017; June 2018</p>
17	<b>The health board must ensure that all patients presenting with pain to the EU have their pain assessed formally and documented. This is to include the assessment of pain following the administration of analgesia in order to evaluate its efficacy.</b>	3.1	<p>The UHB has rolled out a suite of pain assessment tools. The Medicine Clinical Board will undertake a review of the use of the tools within the EU and address any educational needs of the staff</p> <p>Spot check audits as well as the monthly routine audits to be undertaken</p>	<p>Lead Nurse Emergency &amp; Acute Medicine</p> <p>Lead Nurse</p>	<p>End May 2017</p> <p>June 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>by the nurses leading 'Pain &amp; Palliative Care' group</p> <p>Audits and action plans to be presented to the Lead nurse monthly as part of the Q&amp;S performance review.</p> <p>The importance of assessment and document of pain following administration of analgesia will also be cascaded by the Lead Nurse via the EU staff communication page.</p>	Emergency & Acute Medicine	End April 2017
17	<b>The health board must introduce formal systems for monitoring and evaluating the practice of Emergency Nurse Practitioners within the EU.</b>	3.1	<p>A Nurse Consultant post has been advertised, to oversee the development of advanced practice and ENPs within EU</p> <p>An EU consultant lead has been appointed to support clinical supervision and training of ENPs.</p>	<p>Director of Nursing medicine clinical Board</p> <p>Clinical Director of Emergency and Acute Medicine</p>	<p>August 2017</p> <p>April 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>The Directorate already has well embedded processes for Mortality and Morbidity reviews . In addition the Directorate will agree the method by which the clinical outcomes of the ENPs are routinely audited, monitored and reported</p> <p>All Wales ENP portfolio to be given to all qualified ENPs. This will be audited and reviewed by the newly appointed Consultant Nurse and EU Consultant lead.</p> <p>Educational strategy for ENP training and development to be produced.</p>	<p>Lead Nurse Emergency &amp; Acute Medicine/ Clinical Director of Emergency and Acute Medicine</p> <p>Lead Nurse Emergency &amp; Acute Medicine/ .</p> <p>Lead Nurse Emergency &amp; Acute medicine</p>	<p>End May 2017</p> <p>September 2017</p> <p>December 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
<b>Quality of management and leadership</b>					
20	<b>The health board must evaluate and continually monitor its strategies for ensuring staff comments / feedback and suggestions are actively listened to and acted upon in a timely manner if appropriate to do so.</b>	<b>Health and Care Standards, Part 2 - Governance, leadership and accountability</b>	Ensure that bi-monthly meetings are undertaken with the EU general staff representatives & Senior Nursing Team Formulise general nurse meetings for all Bands of nursing staff with the Senior Nursing Team quarterly.	Directorate Team for Emergency & Acute Medicine  Lead Nurse	July 2017
21	<b>The health board is to evaluate the current systems for recording staff training and decide on a system that is able to capture the training of all staff in a consistent and uniform manner without the need for several different software packages to be utilised.</b>	7.1	Development of one single database to record all nursing staff training.  Implementation of the Live ESR staff system into Medicine clinical Board will enable standardised recording of staff training and PDRs. The MCB has been the last Board to fully implement ESR, however it is proposed that we will be fully compliant by July 2017	Lead Nurse Emergency & Acute Medicine.  Head of Workforce Medicine Clinical Board	September 2017  July 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
21	<b>The health board must provide an action plan clearly identifying how it intends to resolve the training issues identified in order to ensure that staff have the necessary training and skills to provide safe and effective care and treatment to patients.</b>	7.1	The Directorate will ensure that all nursing staff receive the necessary statutory & mandatory training The Directorate will identify those staff with the most immediate need and prioritise release for staff for updates during mandatory may 2017.	Lead Nurse Emergency & Acute Medicine.  Lead Nurse Emergency & Acute Medicine.	July 2017      May 2017
21	<b>The health board must ensure that all staff working in the EU receive timely and effective annual appraisals which are bespoke to their roles within the EU.</b>	7.1	Progress with the annual appraisal process will be robustly monitored through the directorate and clinical Board performance review processes as well as through Professional Performance reviews with the Executive Nurse Director.  1:1 monthly performance meetings undertaken with the Band 7 Team	Lead Nurse Emergency & Acute Medicine./Dire ctor of Nursing Medicine/ Executive Nurse Director.  Lead Nurse Emergency &	April 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>leader and their Senior Nurse lead will now incorporate review of the Band 7s team to ensure up to date PDR in place.</p> <p>Ensure that the Band 7 Team Leaders are allocated regular management days to enable them to meet with their team of nurses and undertaken PDR and revalidation.</p>	<p>Acute Medicine.</p> <p>Lead Nurse Emergency &amp; Acute Medicine.</p>	<p>May 2017</p>

**Health Board Representative:**

**Name (print):** Jason Roberts, Director of Nursing, Medicine Clinical Board; Carol Evans, Assistant Director Patient Safety and Quality

**Date:** May 3<sup>rd</sup> 2017.....