

HIW Hospital Inspection Report (Unannounced)

Emergency Unit and Assessment
Unit, University Hospital of Wales,
Cardiff and Vale University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at the University Hospital of Wales, Cardiff and Vale University Health Board on 20, 21 and 22 June 2022. The following areas were reviewed during this inspection:

- Emergency Unit
- Assessment Unit

Our team, for the inspection comprised of two HIW Senior Healthcare Inspectors, one HIW Healthcare Inspector, three clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The majority of patients told us that staff had treated them with respect and had taken measures to protect their privacy when being seen in the Emergency Unit or the Assessment Unit.

Generally, patients agreed that staff provided them with enough information to help them understand their health care and their medical conditions.

We found that the environment of both the Emergency Unit and the Assessment Unit impacted negatively on the privacy and dignity of patients. Comments from staff also indicated they felt the environment needed to be improved to promote dignified care for patients.

While a suitable pain assessment tool was available to assess and record patients' pain, this was not well completed by staff.

Generally the Welsh language was not well promoted within the Emergency Unit nor the Assessment Unit.

While information on 'Putting Things Right' was available, this was not prominently displayed in either the Emergency Unit or the Assessment Unit.

This is what we recommend the service can improve:

- The health board needs to take action to promote the privacy and dignity and comfort of patients
- The health board needs to make further efforts to promote the use of the Welsh language
- The health board needs to make further efforts to make available information on 'Putting Things Right'.

Safe and Effective Care

Overall summary:

We found the physical environment of both the Emergency Unit and the Assessment Unit was poorly maintained and cluttered.

In the Emergency Unit, patient records generally showed that nursing staff had assessed patients for their risk of developing pressure ulcers and provided skin care.

In the Assessment Unit, records also showed that nursing staff had assessed patients for their risk, however, there was no evidence of care planning or implementation of SKIN bundles to prevent patients developing pressure ulcers.

In both the Emergency Unit and the Assessment Unit we were not assured effective processes were in place or being followed to prevent healthcare acquired infections. In addition, we were not assured that medicines were being stored safely or that checks of emergency equipment were regularly conducted to identify missing items required in the event of an emergency.

Staff told us that facilities in both units were inadequate and generally they did not have easy access to the equipment they needed.

Senior staff described a number of initiatives were ongoing to develop and improve the service to patients. We were told that feedback from patients using the 'Virtual Ward' service has been very positive.

Immediate assurances:

The health board was required to provide us with details of the action taken to:

- promote effective infection prevention and control and decontamination
- ensure medicines are managed safely
- ensure the contents of the resuscitation trolleys are regularly checked and an accurate record of these checks is maintained
- provide assurance that care being provided is meeting the needs of patients.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- The health board needs to take action to ensure the environment is maintained to a sufficient standard
- The health board need to take action to respond to and address the less favourable staff comments in relation to facilities in both units and access to equipment.

This is what the service did well:

- Initiatives were described to improve the service to patients
- Vulnerability and violence nurses were employed and were an integral part of the safeguarding team
- Two hourly safety 'huddles' were held to share relevant information about the operation of the units.

Quality of Management and Leadership

Overall summary:

A suitable management structure was in place and senior staff described clear lines of reporting.

We found relevant audits were being conducted, however, given our findings from this inspection, we were not assured of the effectiveness of the audit activity and follow up processes used.

Responses from staff working in both the Emergency Unit and the Assessment Unit were generally negative with issues being raised around the environment, lack of equipment, inadequate staffing levels and skill mix, and a poor relationship with senior management.

Immediate assurances:

The health board was required to provide us with details of the action taken to:

- improve compliance with mandatory resuscitation training.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- The health board needs to seek assurance that audit activity and follow up processes are effective
- The health board needs to take action to respond to and address the less favourable staff comments highlighted within the Quality of Management and Leadership section of this report
- The health board needs to take action to improve compliance with other mandatory training.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 15 were completed, 8 from patients in the Emergency Unit and 7 from patients in the Assessment Unit. Patient comments included the following:

“They do an excellent job.”

“All been fine only been in 2 hours.”

“Would like to thank staff.”

For the Emergency Unit, five patients who completed a HIW questionnaire rated the service they had received as ‘very good’ or ‘good’ and three rated this as ‘poor’.

For the Assessment Unit, five patients who completed a HIW questionnaire rated the service they had received as ‘very good’ or ‘good’ and two rated this as ‘very poor’.

Staying Healthy

Health Protection and Improvement

Within the Emergency Unit, we saw written information displayed advising patients about the importance of staying hydrated.

Within the Assessment Unit, we saw written information displayed and promoting the ‘Dressed is Best’ initiative.

Within both the Emergency Unit and the Assessment Unit, we also saw a range of leaflets displayed providing written post discharge instructions and advice and health promotion information. These were available for patients and their carers to take away with them.

The Assessment Unit was divided into two distinct areas. However, the information displayed and the leaflets available were not consistent in both areas nor in a central place.

Dignified care

Dignified care

Generally, we saw staff treating patients with respect and kindness in both the Emergency Unit and the Assessment Unit. However, there were two occasions during our inspection when we observed staff not acknowledging patients or their representatives who were waiting to speak to a member of staff. This resulted in the inspection team intervening.

In addition, we observed a staff member removing a cannula from a patient at the Emergency Unit reception rather than in a cubicle. We also saw a patient whose dignity was compromised when walking around the Assessment Unit and there was a delay in staff attending to the patient.

We saw used urine bottles left on patients' bedside tables and on occasions patients were not always appropriately covered with sheets or blankets to maintain their dignity.

We saw toilets that were out of use for the duration of our inspection and one of the toilets did not have a working lock to prevent people entering when this was in use.

We found the environment within both the Emergency Unit and the Assessment Unit impacted negatively on the privacy and dignity of patients.

There was insufficient seating for the number of patients attending the Emergency Unit on the evening of 20 June and during the day of 21 June. We saw one patient sitting on the floor and other patients sitting on bins in a corridor.

Within the Assessment Unit, patients were being nursed in close proximity to one another making access difficult and sometimes compromising their privacy and dignity. Some patients were being nursed in high backed chairs, not intended for resting for long periods or sleeping. We identified that one patient who had been accommodated overnight had slept using an arrangement of two high backed chairs that did not recline. Senior staff confirmed that recliner chairs had been purchased to promote patient comfort.

A suitable pain assessment tool was available for nursing staff to complete as part of their assessment of patients. However, within the sample of care records we examined both within the Emergency Unit and the Assessment Unit, this was generally not well completed by staff.

For patients in the Emergency Unit, all who completed a HIW questionnaire agreed that staff had treated them with dignity and respect and nearly two thirds of respondents told us measures were taken to protect their privacy.

For patients in the Assessment Unit, around three-quarters of patients who completed a HIW questionnaire told us staff had treated them with dignity and respect, had been polite and measures had been taken to protect their privacy.

During the inspection we used online questionnaires to obtain views and feedback from staff. A total of 78 were completed, 63 from staff working in the Emergency Unit and 15 from staff working in the Assessment Unit. Responses were received from staff working in a variety of clinical roles.

For the Emergency Unit, 19 of the 63 staff who completed a HIW questionnaire agreed that patients' privacy and dignity is maintained and 44 disagreed. Staff told us:

"Nursing patients in chairs for longer than 12 hrs is not maintaining dignity and is not conducive to providing good and effective nursing care."

"The dignity and safety of our patients has been compromised on an almost daily basis for a sustained period of time."

"Poor facilities for washing. Patients in chairs for days and nowhere suitable to have a wash."

"No access to water fountain/vending machines for patients. Basic needs aren't being met."

For the Assessment Unit, only 1 of the 15 staff who completed a HIW questionnaire agreed patients' privacy and dignity is maintained and 14 disagreed. A respondent commented:

"... recently changed from a 12 bedded area to an 8 bed and 10 chair area. Patients are often in the chairs for more than 4 days before going home or to a ward, I feel this needs to revert back to a 12 bedded area for patients' dignity and safety."

Communicating effectively and Patient information

Patients attending the Emergency Unit were advised of the waiting time to be seen on arrival. We were told that patients wishing to have an update on the waiting time would need to speak to staff as this information was not displayed or announced.

The footprint of the Emergency Unit was being re-configured at the time of our inspection and temporary signage was clearly displayed to assist patients and visitors to find the correct entrance to use. Staff were also available at the main entrance to provide help and assistance in this regard. Within the Unit signage was required to clearly indicate the different rooms being used by other teams based within the Unit.

Signs were displayed to assist patients and visitors to find the Assessment Unit which was divided into two distinct areas.

Signage was displayed throughout both the Emergency Unit and the Assessment Unit to help patients and visitors locate the toilets. Fire exits were also clearly signposted.

We saw information displayed bilingually, both in English and Welsh. However, generally the Welsh language was not well promoted within the Emergency Unit nor the Assessment Unit.

For patients in the Emergency Unit nearly two thirds of patients who completed a HIW questionnaire agreed that they were provided with enough information to help them understand their health care.

For patients in the Assessment Unit, around half of patients who completed a HIW questionnaire agreed staff had talked to them about their medical conditions to help them understand them

For the Emergency Unit, 33 of the 62 staff who completed a HIW questionnaire agreed sufficient information is provided to patients. We asked if patients and/or their relatives are involved in decisions about their care and 50 of the 63 staff agreed, and 13 disagreed.

For the Assessment Unit, 5 of the 15 staff who completed a HIW questionnaire agreed sufficient information is provided to patients. We asked if patients and/or their relatives are involved in decisions about their care 9 of the 15 agreed, and 6 disagreed.

Timely care

Timely Access

On the days of our inspection, the Emergency Unit was extremely busy with patients waiting to be seen both within the Unit and on ambulances waiting outside. On the evening of our arrival at the Emergency Unit, there were four ambulances outside, three of which were waiting to offload patients. Staff were aware of the situation

and appropriate escalation arrangements were in place. Staff confirmed the escalation level for the Unit was at level 4. This level of escalation remained for the duration of the inspection.

We found that patients had been triaged within one hour of arriving at the Unit and were told that if a patient was identified as deteriorating then this would be escalated in accordance with the health board's policy.

For the Emergency Unit, four of the eight patients who completed a HIW questionnaire told us they had waited up to four hours before receiving treatment, three patients had waited over four hours and up to eight hours and one patient had waited over eight hours and up to twelve hours.

Patients we spoke to within the Assessment Unit told us they did not have to wait long to receive help from staff when they needed it. Nearly three quarters of patients who completed a HIW questionnaire confirmed when they used the nurse call buzzer, staff came to them.

For the Emergency Unit, 9 of the 63 staff who completed a HIW questionnaire said that patients are assessed within the 4-hour target, 46 said they sometimes are and 8 said they are not.

“Due to large volume of patients, there is always a long wait for triage - there is not enough space to open up further triage rooms therefore delaying patients' initial assessment on arrival.”

Individual care

Planning care to promote independence

Within the sample of patients' care records we examined there was evidence of multidisciplinary team contribution when planning care for patients within the Emergency Unit. However, this was not evidenced within the Assessment Unit.

People's rights

During our inspection, we saw patients in both the Emergency Unit and the Assessment Unit were accompanied by their friends or family according to their wishes.

We also saw there was a room available should patients wish to spend time with their friends or family in private.

The Emergency Unit had a designated paediatric area, located away from the main waiting room and with child friendly décor, where children could wait and be seen for treatment.

Listening and learning from feedback

The health board had a written policy on managing complaints which was in keeping with 'Putting Things Right'.

Within both the Emergency Unit and the Assessment Unit, written information for patients and their representatives on 'Putting Things Right' was available within the post discharge advice leaflets. However, there was no other information in this regard prominently displayed in either the Emergency Unit or the Assessment Unit.

For the Emergency Unit, 39 of the 63 staff who completed a HIW questionnaire agreed patient experience feedback is collected within their department, 11 disagreed, and 13 did not know.

We asked if staff receive updates on patient experience feedback in their department, 34 of the 63 who answered agreed, 22 disagreed, and 7 did not know. A staff member commented:

"In patient feedback parents frequently complain that is tired and broken, that it is uncomfortable with poor access to food, water and toilets with no facilities focussed on children."

We asked staff if feedback from patients is used to make informed decisions within their department, 29 of the 62 who answered agreed, 8 disagreed, and 25 did not know.

For the Assessment Unit, 6 of the 15 staff who completed a HIW questionnaire agreed that patient experience feedback is collected within their directorate/ department, 6 said it is not, and 3 did not know.

We asked staff if they receive regular updates on patient experience feedback, 1 of the 15 respondents said they do, 11 said they do not, and 3 did not know.

We asked staff if feedback from patients is used to make informed decisions within their hospital, 2 of the 15 respondents said it is, 6 said it is not, and 7 did not know.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

Both the Emergency Department and the Assessment Unit were easily accessible to patients and visitors with mobility difficulties. However, we saw clutter within both the Emergency Unit and the Assessment Unit which presented trip hazards to both patients and staff.

Generally, we found that the physical environment of both the Emergency Unit and the Assessment Unit was poorly maintained.

For the Emergency Unit, 9 of the 63 staff who completed a HIW questionnaire agreed that facilities within the Emergency Unit are appropriate for them to carry out their specific tasks and 54 disagreed. Staff comments included:

“Not enough space for our patients, often nursing patients who are unwell or even critical in unsafe areas of the department...”

“There are not enough areas to make up medications.”

“Transformation work ongoing which should improve facilities.”

“The cubicles we see patients in are too small and you cannot fit a resus team and essential equipment around the patients - this has been incident reported multiple times. It is a real safety concern and is specific to the paediatric emergency dept.”

“No sedation room to provide safe sedation to children without occupying the only paedics resuscitation bay at the 'Major Trauma Centre'.”

“The paediatric resuscitation area is geographically distinct from the Paedics ED area resulting in the Paedics ED team needing to leave the department (usually full of unwell/undifferentiated children) to manage a resus case.”

“We often see children with burns injuries and a really important part of their management is cooling with water and decontamination. We do not have the facilities to do this and so have had to try and fit burned children in sinks or take them into the staff changing room to find a shower to put them under - this is entirely inappropriate and frankly embarrassing. This is basic care we cannot deliver.”

Preventing pressure and tissue damage

Within the Emergency Unit and the Assessment Unit we saw that pressure relieving equipment was available and being used.

We saw that an appropriate risk assessment tool was available for staff to assess patients' risk of developing pressure ulcers.

Within the Emergency Unit, we examined the care records for a sample of six patients. Generally, the records showed that staff had assessed and re-assessed patients to identify their risk and most patients had a suitable written care plan in place. The records also showed that most patients had been repositioned frequently as part of their skin care.

Within the Assessment Unit, we examined the care records for a sample of four patients. Generally, the records showed that staff had assessed patients to identify their risk. However, most patients did not have a written care plan available and there was no evidence within the records to show that patients had been repositioned as part of their skin care. There was also no evidence to show that staff had reassessed patients.

Falls prevention

We saw that a suitable fall risk assessment tool was available for staff to assess patients' risk of falls. However, within the sample of care records we examined both within the Emergency Unit and the Assessment Unit, this was generally not completed by staff.

Within the Emergency Unit, written care plans were in place for those patients that had been identified at risk of falls.

Within the Assessment Unit, written care plans were not in place for patients identified at risk of falls.

Infection prevention and control

Within both the Emergency Unit and the Assessment Unit, we saw areas were cluttered and did not facilitate effective cleaning. In addition, the generally poor integrity of the walls, floors and wooden architrave did not allow for effective cleaning.

We observed sinks within sluice areas were visibly dirty, commodes were stained and the wheels were visibly dirty, clinical waste bins were rusty and lids were not closing properly. We also saw the sink in one of the toilets was visibly dirty, coverings on some of the chairs were torn exposing the upholstery, wall mounted hand

sanitising containers were empty and medical sharps bins were filled to above capacity.

Labels were not routinely used to show when equipment had been cleaned and decontaminated and while disposable curtains were being used, these had not been dated to indicate when they should be replaced.

While we observed staff to be washing and sanitising their hands, we did see there were missed opportunities where staff should have washed their hands.

We identified that a sluice had been out of service since December 2021 and there was no date for when the repair was to be completed.

For the Emergency Unit, three quarters of patients who completed a HIW questionnaire felt the environment was fairly clean and the remainder of patients told us it was not very clean or not at all clean.

For the Assessment Unit, nearly all patients who completed a HIW questionnaire felt the environment was very clean.

For the Emergency Unit, 41 of the 63 staff who completed a HIW questionnaire agreed there are appropriate infection prevention and control procedures in place and 22 disagreed.

For the Assessment Unit, 6 of 15 staff who completed a HIW questionnaire agreed there are appropriate infection prevention and control procedures in place and nine disagreed.

Eight of the 15 respondents agreed there has been a sufficient supply of PPE and there are appropriate decontamination arrangements for equipment and relevant areas, and seven disagreed.

Nutrition and hydration

We saw that a suitable nutrition screening tool was available for staff to screen patients. However, within the sample of care records we examined, both within the Emergency Unit and the Assessment Unit, this was generally not completed. In addition, most patients did not have a written care plan in place.

We saw patients in the Emergency Unit waiting area and those waiting in ambulances were regularly offered hot or cold drinks and biscuits during the day. In other areas of the Emergency Unit and in the Assessment Unit we saw patients were offered breakfast cereal, sandwiches and soup, and hot or cold drinks during the day.

Medicines management

We saw that a written policy was available for the management of medicines.

Within the Emergency Unit, we identified that storage rooms were not always locked to prevent unauthorised access and saw medicines had been left unattended on countertops. We also identified two receptacles of 'mixed' medicines (not within their original boxes) being stored within one room.

In addition, there were either no records to show fridge temperatures had been checked or, where records were available, we saw gaps in recordings. There were no records to show ambient room temperatures had been checked.

We also saw that oxygen cylinders were not always safely secured to prevent them from falling over, which presented a potential hazard to staff and patient safety in these areas.

The sepsis trolley was seen to be unlocked and intravenous antibiotics were identified as missing.

We also inspected records for Controlled Drugs. We identified that in both the Emergency Unit and Assessment Unit the records were incomplete and we were not assured daily stock checks were being conducted in accordance with the health board's policy.

Patient identification wristbands were used in both the Emergency Unit and the Assessment Unit. During the course of the inspection, we identified one patient in the Emergency Unit and two patients within the Assessment Unit who did not have wristbands in place. This may increase the risk of patients being administered the wrong medication or receiving treatment not intended for them. We escalated this to senior staff so that corrective action could be taken.

Safeguarding children and safeguarding adults at risk

The health board had up to date written procedures for responding to safeguarding concerns in relation to children and adults at risk. We saw that staff could access these electronically via the health board's intranet.

Training data, provided to us by senior staff during the inspection, confirmed that 69.61% of staff had completed safeguarding adults training and 65.93% had completed safeguarding children training, both at level 1. Clinical staff should complete such training at level 2 and the health board needs to take suitable action to ensure that staff complete training at a level suitable to their role.

The health board employed vulnerability and violence nurses who were based within the Emergency Unit and formed an integral part of the safeguarding team. Staff informed us that a Vulnerability Hub was to be launched soon which was to include these nurses, the domestic violence team and volunteers from the Red Cross.

Medical devices, equipment and diagnostic systems

We saw that staff had access to a range of equipment to meet the needs of patients both within the Emergency Unit and the Assessment Unit. Equipment we saw appeared in good condition. However, comments from staff who completed a HIW questionnaire indicated that more equipment was needed.

Within the Emergency Unit, 11 of the 63 staff who completed a HIW questionnaire agreed they have adequate materials, supplies and equipment to do their work and 52 disagreed. Staff comments included:

“Sometimes there is a lack of basic equipment, e.g. observation machines, temperature gauges, leads for cardiac monitors.”

“Often equipment and facilities are broken. A lot of time is spent searching around the department for the equipment you need to do a basic task. Estates reporting often take a long time to fix anything problematic.”

“Inadequate stock on many occasions, making us rely on the generosity of the wards to borrow stock.”

Within the Assessment Unit, one staff member agreed they have adequate materials, supplies and equipment to do their work. A staff member commented:

“Lack of tools to do the job, often looking for wheelchairs, obs machines, etc.”

Staff described suitable arrangements for reporting equipment identified as faulty. Where equipment was identified as faulty, we were told these were labelled as such to alert other staff.

We examined the records of checks conducted of the contents of resuscitation trolleys within the Emergency Unit and the Assessment Unit. We identified that records were incomplete and were not assured that daily checks were being conducted to identify missing items required in the event of an emergency.

The records for one trolley showed that checks had not been conducted between 01 and 14 June and between 16 and 19 June 2022 and the records for another trolley showed that checks had not been conducted on 02, 04, 06, 10, 18 and 19 June 2022.

The records for the difficult airway trolley showed that a check had been completed on 16 April 2022 and this identified that some items had either expired or were missing. The record had not been updated to show whether these items had been replaced.

Effective care

Quality improvement, research and innovation

Senior staff described initiatives to develop and improve the service provided to patients. These included a 'Virtual Ward', introduced in December 2021, which allowed healthcare to be provided to patients in their homes with the aim of reducing the need for avoidable hospital admission. We were told that feedback from patients using this service has been very positive.

Senior staff also provided an overview of the Transformation Programme - Transforming Patient and Staff Experience and the various projects being developed in relation to improving the health board's emergency and acute medicine services.

We also saw that efforts were being made within the Emergency Unit and Assessment Unit to develop the services being provided by the Red Cross to improve the patient experience.

Information governance and communications technology

We found that suitable information technology systems were in place for capturing and sharing relevant information and for producing management reports.

Senior staff described two hourly safety 'huddles' were held to share relevant information about the operation of the Emergency Unit and the Assessment Unit. We saw records of these huddles which included agreed actions to promote patient safety and quality of care and to improve patient flow through the units.

For the Emergency Unit, 36 of the 63 staff who completed a HIW questionnaire agreed they are able to access ICT systems they need to provide good care and support for patients and 26 disagreed. Staff told us:

"There is not enough IT equipment. The equipment is outdated and slow adding to delays in processing."

"[We need] computers and printers that work consistently with regular updates/checks (including the pharmacy prescription printer)."

For the Assessment Unit, 7 of the 15 who completed a HIW questionnaire agreed they are able to access ICT systems they need to provide good care and support for patients, and 8 disagreed.

Record keeping

The format of the patients' care records used within the Emergency Unit and the Assessment Unit was well laid out and easy to navigate.

However, within the sample of patients' care records we examined, risk assessments had not always been completed or written care plans developed.

While handwriting within the care records we examined was legible, we found that most care records within the Emergency Unit had not been signed or dated by the individual making the entry. Care records within the Assessment Unit had been both signed and dated.

Quality of Management and Leadership

Governance, Leadership and Accountability

We confirmed a suitable management structure was in place for the Emergency Unit and the Assessment Unit and senior staff described clear lines of reporting and escalation.

Suitable arrangements were described for sharing quality and safety related information as part of the health board's governance and monitoring arrangements in this regard.

Senior staff provided examples of audits conducted within the Emergency Unit and Assessment Unit. These considered areas relevant to both units such as patient feedback, staff feedback, environment and facilities, completion of patient risk assessment documentation and infection prevention and control. However, given our findings from this inspection, the health board needs to consider the effectiveness of the audit and follow up processes used.

Throughout our inspection, senior staff made themselves available to speak to the HIW inspection team and engaged very positively with the process.

Staff and Resources

Workforce

We confirmed that medical, nursing, allied health professionals and support staff worked in both units.

Senior staff confirmed there were a number of staff vacancies across both units and recruitment was ongoing to fill these vacancies. Senior staff described the staffing establishment had been increased because of Covid-19. We were told these staffing levels and skill mix were currently being maintained as the footprint of the department had changed resulting in increased capacity. Where shortfalls were identified, senior staff confirmed that efforts were made to secure bank or agency staff or offer overtime. Where additional staff could not be obtained, we were told that staff would be required to work across the units following a risk assessment.

We were told the staffing establishment for the reconfigured department was to be agreed.

Staff Feedback

During the inspection we used online questionnaires to obtain views and feedback from staff. A total of 78 were completed, 63 from staff working in the Emergency Unit and 15 from staff working in the Assessment Unit.

Responses and comments from staff working in the **Emergency Unit** were generally negative, with the following issues being raised:

- Inappropriate use of the Emergency Department as a ‘holding ward’ for patients requiring admission, due to unavailability of hospital beds
- Lack of space, due to increased footfall and poor patient flow
- Inadequate staffing levels, skill mix and experience to meet demand/manage footfall and administer optimal care and treatment - notably, only one respondent felt there were enough staff to enable them to do their job properly
- Inadequate facilities, equipment and stock of basic essentials to enable appropriate and dignified patient care
- Poor relationship between senior management and staff; due to lack of visibility of senior management and staff perception of senior management not being approachable and not listening to staff concerns
- Poor staff morale, due to staffing/workload pressures, perception of being unable to deliver safe and effective care, and feeling undervalued and unsupported.

Staff comments included:

“The ED environment is unsuitable for patients - basic needs are not met e.g. temperature, access to food and hot drink, no showers, toilet facilities, uncomfortable chairs, lack of dignity, not enough water machines.”

“It’s not fit for purpose, not enough space, although attempts are being made to make it better, there’s still too many patients for the space.”

“ED is not the place for specialty pts to wait for beds. It results in overcrowding, inefficient nursing care and disgruntled or aggressive pts and relatives.”

“There is insufficient space to assess and treat psychiatry patients in a way that is safe for them and staff ... that complies with guidance.”

“Inadequate built environment for delivering safe, dignified paediatric emergency care.”

“Nursing staffing levels are extremely stretched and this impacts on the skill mix on each shift, teaching has been limited so maintaining and improving skills and knowledge for new and existing staff has been affected. Sickness

levels and then moving staff from their roles ... to fill gaps is having a significant effect on morale.”

“We rely heavily on agency staff. Many tasks require specific access (Welsh Clinical Portal, blood gas and other analysing machines), meaning core staff are often overloaded to ensure best practice. If there is only one core staff member in an area, they are required to triage, print blood forms, maintain the workstation, book beds and escalate issues to the nurse in charge, as well as managing overseeing the agency nursing staff.”

“Medical workforce has improved significantly but still frequent rota gaps and very poor skill mix at times. At the busiest times (evenings/nights/weekends) we have a paucity of doctors which needs to be remedied to keep the department safe.”

“Staff morale is at an all-time low.”

“... multiple staff ... are extremely burnt out - would be nice for this to be recognised and support given.”

Less than half of staff who responded were satisfied with the quality of care they gave to patients, would recommend their organisation as a place to work and would be happy with the standard of care provided by the hospital if a friend or relative needed support.

Almost all staff who responded agreed their organisation encourages them to report errors, near misses or incidents and most felt that staff involved are treated fairly and believe their organisation takes action to ensure reported errors, near misses or incidents do not happen again.

Around three quarters of staff who responded agreed their immediate line manager can be counted upon to help them with a difficult task at work and was supportive. Over half of respondents agreed their immediate line manager gives them clear feedback about their work and asks for their opinion before making decisions that affect their work. The following comment was received:

“The line managers who work in the department alongside other staff to care for patients; I feel as though they are the ones holding the department together, they are the go-to for advice and support. I don't feel like they are being heard by more senior staff.”

Around two thirds of staff who responded disagreed communication between senior management and staff is effective, senior managers try to involve staff in important decisions, and act on staff feedback. Staff told us:

“Senior [staff] have not listened to feedback regarding ... staff feeling unsafe being moved [between] departments.”

“I feel our voices in ED are not being heard by the organisation.”

“The senior management has taken great effort to improve the department but the staff working there currently need to be looked after better...”

Responses and comments from staff working in the **Assessment Unit** indicated a negative staff experience across many areas and were similar to responses and comments made by Emergency Unit staff.

Main areas staff expressed concern about were:

- Lack of training to prepare for role and poor opportunity for development
- Inadequate staffing levels
- Poor availability of equipment
- Poor patient flow impacting upon ability to provide safe, dignified care
- Poor relationship between staff and senior management
- Workplace pressures impacting upon health and wellbeing

Staff comments included:

“Having a 1 nurse to 7 patient ratio when patients are acutely unwell is not acceptable.”

“Ensuring fully staffed and [the] right mix[of] skills...”

“The hospital is unfit for purpose. We need a new hospital, more staff, nursing and medical. We have a long way to go.”

“Look at waiting times in chairs. Patients left sitting in chairs for 70hrs + when they are unwell.”

“Provide shower facilities... patients on unit for days with nowhere to shower.”

“... we are pushed to our limit, myself and friends leave work crying on a daily basis...”

Around a third of staff were satisfied with the quality of care and support they gave to patients, and would recommend their organisation as a place to work. We asked staff whether they would be happy with the standard of care provided by the hospital for themselves, their friends or their family, 2 of the 15 staff who responded said they would.

Less than half of staff who responded regularly have sight of new guidance, patient safety alerts and medical device alerts, and only one-fifth felt assured they are supported to implement and adhere to these.

All respondents agreed their organisation encourages them to report errors, near misses or incidents, but over half felt staff who are involved are treated unfairly and do not believe their organisation takes action to ensure reported errors, near misses or incidents do not happen again.

Around half of respondents agreed their immediate line manager can be counted upon to help them with a difficult task at work and gives them clear feedback about their work. Around two thirds of respondents agreed their line manager is supportive asks for their opinion before making decisions that affect their work.

All staff who responded disagreed communication between senior management and staff is effective, senior managers try to involve staff in important decisions, and act on staff feedback. Staff told us:

“The divide between senior management ... and staff on the shop floor is massive.”

“There is no support from them.”

Senior staff provided data on training that had been completed by staff working in the Emergency Unit and the Assessment Unit. This showed staff compliance with mandatory training varied between 25% and 80%, depending on the training topic.

From the data provided we identified poor compliance for mandatory resuscitation training. This showed 29% of staff were up to date with Basic Life Support (BLS) training and 25% of staff were up to date with Paediatric Life Support (PLS) training. Good compliance was seen in relation to the percentage of staff who had completed violence and aggression training.

Around two-thirds of staff working in the Emergency Unit who completed a HIW questionnaire confirmed they had full training on all areas within the Emergency Unit and over three-quarters felt their training, learning and development helped them do their job more effectively, stay up to date with professional requirements and deliver a better patient experience. Staff comments included:

“Adequate training has been supplied for me to work within [my own area], however, we are being pulled to [other areas] on a regular basis and have had no training/support for this.”

“Study days cancelled due to staffing.”

“Training in [adult] medical areas is well supported by the departmental teaching timetable. However, there is little teaching for ... cross cover to paediatrics.”

“I have received adequate training and am supported with my ongoing professional development.”

“... I feel comfortable in all areas.”

Over half of staff who responded told us they had an annual review or appraisal within the last 12 months.

Around half of the staff working in the Assessment Unit who completed a HIW questionnaire felt they had appropriate training to undertake their role and around two thirds felt their training, learning and development helped them to do their job more effectively, deliver a better patient experience and helped them to stay up to date with professional requirements. Staff comments included:

“... takes months and they forget to put you on training.”

“Rotating ... to EU was a challenge. No supernumerary period was offered or provided, and no additional training for several months (if at all), even though the workload and type of work was vastly different between the departments.”

“When starting newly qualified I could not fulfil my role as a nurse due to lack of training such as BM machines, POCT urinalysis, unable to do VBGs/bloods until I was about 5 months into the job. This meant patient care was compromised/delayed as I had to ask other members of staff to do these for me.”

Two thirds of staff who responded told us they had not had an annual review or appraisal within the last 12 months.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We identified three patients were not wearing patient identification wristbands.	This may increase the risk of patients being administered the wrong medication or receiving treatment not intended for them	We reported this to senior staff.	Senior staff confirmed that corrective action would be taken.

Appendix B - Immediate improvement plan

Service: University Hospital of Wales - Emergency Unit and Assessment Unit

Date of inspection: 20, 21 and 22 June 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board is required to provide Healthcare Inspectorate Wales (HIW) with details of the action taken to promote effective infection prevention and control and decontamination.	Standard 2.4 Infection Prevention and Control and Decontamination	A meeting has been arranged for Monday 4 th July 2022 with Estates to determine a schedule of works to address the environmental issues.	Lead Nurse/Service Manager EU/AU	4 th July 2022
		A formal daily checklist for the Nurse in Charge has been developed and will be implemented to ensure the cleanliness of the sluices, completion of commode checks and cleanliness and integrity of equipment. Added to audit schedule/Tendable (ward accreditation, digital audit system)	Lead Nurse	8 th July 2022

<p>A weekly senior management checklist has been implemented to ensure infection, prevention and control standards are being met. Additional audits added to audit plan. IP&C requested to undertake full IP&C audit</p>	<p>Lead Nurse/UHB IP&C team</p>	<p>Complete</p>
<p>Red Cross are contracted within the department to support patient quality and safety measures. They will monitor and ensure that wall mounted hand sanitizers are filled or alternative supplementary sanitizers are made available. This evidenced through the completion of their daily checklist.</p>	<p>Lead Nurse</p>	<p>Complete</p>
<p>All bins throughout the EU/AU footprint will be changed over to plastic bins. This change has already commenced and awaiting delivery of further bins.</p>	<p>Service Manager ED</p>	<p>29th July 2022</p>
<p>Dedicated cleaning time has been embedded into the shift pattern of one of our Health Care Support Workers.</p>	<p>Lead Nurse</p>	<p>Complete</p>

			<p>A review of housekeeping services in EU has been undertaken and the following actions implemented to improve the process</p> <ul style="list-style-type: none"> • A QR Code has been implemented in the department to allow staff to request additional housekeeping requests. • Monitoring of effectiveness of new process will occur in a weekly meeting arranged between senior management in EAMD and the Housekeeping team to raise/follow up any concerns, e.g Importance of writing the dates on disposable curtains that are changed. These will commence on the 14th July at 0900hrs and weekly thereafter. 	Lead Nurse	Complete
The health board is required to provide HIW with details of the action taken to ensure medicines are managed safely.	Standard Medicines Management	2.6	A capital bid has been submitted for installation of TDSI system access to the medication room in the ambulatory care area.	Service manager ED	Complete

<p>All doors/cupboards that were broken have been reported to estates.</p>	<p>Service manager ED</p>	<p>Complete</p>
<p>Additional badges have been provided by security for the temporary staff/agency nurses to ensure appropriate access to medication areas.</p>	<p>Service manager ED</p>	<p>8th July 2022</p>
<p>Ordering of equipment:-</p> <ul style="list-style-type: none"> • Oxygen cylinder holders • Sepsis trolley has been sourced that is lockable, awaiting delivery. • Thermometers to monitor ambient temperatures in the medication rooms have been ordered. 	<p>Lead Nurse/Service manager ED</p>	<p>Complete</p>
<p>Senior management team are working collaboratively with and pharmacy to ensure staff are aware of their legal responsibilities regarding medicines management standards.</p>	<p>Lead Nurse/ pharmacy</p>	<p>25th July 2022</p>

		Incorporated in daily Nurse in Charge and weekly senior management checklist to ensure that medicines management processes are being adhered to including the checking of controlled drugs and fridge temperatures. Added to scheduled Audits/Tendable	Lead Nurse	11 th July 2022
The health board is required to provide HIW with details of the action taken to ensure the contents of the resuscitation trolleys are regularly checked and an accurate record of these checks is maintained.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	<p>The daily Nurse in Charge checklist will encompass the checking of medical equipment including resuscitation trolleys, defibrillators and airway trolleys.</p> <p>Senior management are in the process of implementing the electronic audit system (tendable) that allows an email notification and report is automatically sent upon completion by the Nurse in Charge. Governance processes are being reviewed around the completion of the audit and the follow up actions, use of Tendable ward audit system will assist with this.</p> <p>Education team are formulating a 'roles and responsibility' list for the staff that are taking charge of each individual area</p>	Lead Nurse	22 nd July 2022
			Lead Nurse	22 nd July 2022

		<p>to ensure the appropriate safety checks are being performed and audited</p> <p>All expired or missing items on the Difficult Airway trolley have been replaced and additional equipment ordered.</p>	Lead Nurse	Completed
<p>The health board is required to provide HIW with details of the action taken to provide assurance that care being provided is meeting the needs of patients.</p>	<p>Standard 2.2 Preventing Pressure and Tissue Damage</p>	<p>To ensure the completion of risk assessments and accurate record keeping;</p> <p>The education team have developed a documentation checklist to prompt staff to complete all risk assessments. This will be implemented on the 17th July after 1 week of education. During the week commencing the 10th July, each day will be new education on a different risk assessment.</p>	Lead Nurse	17 th July 2022
	<p>Standard 2.3 Falls Prevention</p>			
	<p>Standard 2.5 Nutrition and Hydration</p>	<p>A daily audit is underway currently to observe practices. This will continue with the trial of the documentation checklist.</p>	Lead Nurse	Complete
	<p>Standard 3.1 Safe and Clinically Effective Care</p>			
	<p>Standard 3.5 Record Keeping</p>	<p>A request for substantive dietetic assistants based in the EU/AU has been submitted. Duties include:-</p>	Lead Nurse	25 th July 2022

		<ul style="list-style-type: none"> • Ensuring nutrition and hydration of all patients • Completion of risk assessments <p>An education board has been implemented relating to falls risk assessments and appropriate actions that should be taken to help prevent falls. Compliance audit will be ongoing</p>	Lead Nurse	Complete
		<p>Monthly presentations at Q&S and performance review to Lead Nurse on audit results and progress of action plans. Lead Nurse will feedback via Directorate Performance Reviews in Medicine Clinical Board.</p>	Lead Nurse	25 th July 2022
The health board is required to provide HIW with details of the action taken to improve compliance for mandatory resuscitation training.	Standard 7.1 Workforce	An education plan has been established to ensure improved compliance for both adults and paediatrics life support (face to face courses)	Lead Nurse	All staff booked onto Paediatric courses. 100% Compliancy by November 2022. Adult - 22 nd July 2022

		An education plan is being developed to improve mandatory e-learning compliance within the directorate - to provide a trajectory path for compliance percentages	Lead Nurse	22 nd July 2022
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Ceri Martin

Job role: Lead Nurse

Date: 30/6/22

Appendix C - Improvement plan

Service: University Hospital of Wales - Emergency Unit and Assessment Unit

Date of inspection: 20, 21 and 22 June 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board is required to provide Healthcare Inspectorate Wales (HIW) with details of the action taken to make relevant and consistent health promotion information and advice available to patients within the Assessment Unit.	Standard 1.1 Health Promotion, Protection and Improvement	The directorate is reviewing the current health promotion advice that is displayed in all areas of the department, to ensure consistency and accessibility of patient information throughout the department	Lead Nurse	31 st October 2022
The health board is required to provide HIW with details of the action to promote the privacy and dignity and comfort of patients in both the Emergency Unit and the Assessment Unit.	Standard 4.1 Dignified Care	The directorate has recently received new reclining chairs on the south side of the Assessment Unit and a further 20 high back chairs have been ordered and waiting room seating is to be replaced. Linen orders have been	Directorate team / Lead Nurse EU	Completed

		<p>increased to ensure adequate supply</p> <p>To ensure the privacy, dignity and confidentiality of patients, all patients will receive their consultations and assessments in one of the dedicated examination rooms next to this area.</p> <p>Capital bids have been submitted for estate work within the department. The requirement for an additional patient shower facility is being progressed as a priority but will require design works</p> <p>Other works identified, including upgrading changing rooms, lighting and redecorating EU and AU will be reviewed with options developed and costed. Funding sources will need to be identified to progress the works</p>	<p>Directorate team / Lead Nurse EU</p> <p>Director of Capital Planning and Estates</p> <p>Director of Capital Planning and Estates</p>	<p>Complete</p> <p>November 2022</p> <p>31st October 2022</p>
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		<p>A business case is currently being developed for artificial sky lights for the clinical areas with no natural light to improve the environment which will be submitted to Capital Estates and Facilities</p> <p>The current footprint of the acute medicine unit is currently being reviewed to evaluate how best the area can be utilised for maximum benefit. This will be an agenda item in the Quality and Safety forum and discussed through the Clinical Board Structure.</p>	<p>General Manager and Lead Nurse EU</p> <p>Head of Service Planning/ General Manager and Lead Nurse EU</p>	<p>December 2022</p> <p>December 2022</p>
<p>The health board is required to provide HIW with details of the action taken to promote the use of the Welsh language within the Emergency Unit and the Assessment Unit.</p>	<p>Standard 3.2 Communicating Effectively</p>	<p>All Welsh speaking staff have the Welsh language symbol on their uniform to indicate they are able to converse in Welsh.</p> <p>A poster has been put in place within the department advising</p>	<p>General Manager and Lead Nurse for EU</p> <p>General Manager and Lead Nurse for EU</p>	<p>Complete</p> <p>Complete</p>

		<p>patients of the significance of the Welsh Language Symbol.</p> <p>The audiobant system in the department is in the Welsh and English language.</p> <p>A full review of signage in the department will be undertaken. The department will ensure that all signage throughout the department is in Welsh and English</p> <p>Staff members have been made aware of requirement to answer phones in Welsh as well as English. Welsh Language action card have been placed by telephones and reception areas to remind and support staff of the appropriate greeting in Welsh when answering the phone and in person.</p>	<p>General Manager and Lead Nurse for EU</p> <p>General Manager and Lead Nurse for EU</p> <p>General Manager and Lead Nurse for EU</p>	<p>Complete</p> <p>31st October</p> <p>Complete</p>
The health board is required to provide HIW with details of the	Standard 6.3	The directorate have ordered information boards to display	Directorate Team	Complete

<p>action taken to make patients and their representatives aware of 'Putting Things Right'.</p>	<p>Listening and Learning from Feedback</p>	<p>information about how to raise concerns will be displayed, the department is working closely with the concerns team for display items.</p> <p>The UHB Link to Putting Things Right information is being added to a number of resources including</p> <ul style="list-style-type: none"> • Survey poster • Online Survey • PTR leaflets • Happy or Not Machines <p>PTR Leaflets and posters have been updated and have been distributed for display</p> <p>EU Volunteers will have access to updated Putting Things Right leaflets and information on the UHB complaints process to enable</p>	<p>Patient Experience Team</p> <p>Patient Experience Team</p> <p>Patient Experience Team</p>	<p>30 September 2022</p> <p>30th September 2022</p> <p>30th September 2022</p>
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		them to signpost patients and their representatives.		
The health board is required to provide HIW with details of the action taken to share patient feedback with staff and to demonstrate this has been acted upon.	Standard 6.3 Listening and Learning from Feedback	The directorate are creating an information board for staff to share feedback including compliments and concerns from patients, and outcomes from National Reportable incidents.	Lead Nurse	31 st October 2022
		A communications strategy for the Directorate is being developed in partnership with the Communications team.	Lead Nurse	31 st October 2022
		The directorate is working closely with the patient safety team to fully utilise the DATIX system functionality to allow them to extract themes from reported incidents that can be shared with staff.	Lead Nurse	31 st October 2022

<p>The health board is required to provide HIW with details of the action taken to ensure the environment of the Emergency Unit and the Assessment Unit is maintained to a sufficient standard and to improve the facilities in both units.</p>	<p>Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>Dedicated time is being allocated to a member of staff to undertake internal IP&C audits. Declutter areas and resolve actions that arise from the clinical audits</p> <p>The implementation of the Tendable audit platform supports an ongoing scheduled programme of audit that includes environmental review.</p>	<p>Lead Nurse</p> <p>Corporate Nursing / lead Nurse EU</p>	<p>Complete</p> <p>Complete</p>
<p>The health board is required to provide details of the action taken to respond and address the less favourable staff comments in relation to the availability of equipment.</p>	<p>Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</p>	<p>A new post is being developed to ensure regular servicing, maintenance and decontamination of all equipment within the department and to support timely repairs when required.</p> <p>A Meeting has been arranged between Medical Engineering, Mechanical Engineering and EU to</p>	<p>Directorate, service manager</p>	<p>November 2022</p> <p>31st October 2022</p>

		ensure a collaborative approach to undertake a baseline assessment to evaluate the requirements and risks of the department related to accessibility of equipment.	Head of Clinical Engineering/ EU General Manager and Lead Nurse	
The health board is required to provide details of the action taken to respond to staff comments in relation access to ICT systems.	Standard 3.4 Information Governance and Communications Technology	The Directorate team have undertaken a baseline IT equipment audit in the department to inform the necessary actions.	Directorate Management Team	Complete
		Additional PCs have been placed into areas as well as mobile carts.	Directorate Management Team	Complete
		A scoping exercise will take place to review current UHB management systems in place/being implemented and evaluate IT system in place in the EU and establish a dedicated IT support system.	Directorate Management Team	November 2022
		The newly developed role for equipment maintenance will also	Directorate Management Team	November 2022

		include oversight of IT systems within the department to resolve or escalate IT issues in a timely way within the department		
The health board is required to provide HIW with details of the action taken to seek assurance that audit activity and follow up processes are effective.	Governance, Leadership and Accountability	<p>The directorate is moving to an internal digital audit tool.</p> <p>Actions that arise from this will be collected on a database whereby problems can be allocated for resolution and can be tracked for progression and completion</p> <p>The Tendable audit platform has been implemented within EU and a scheduled programme of audit developed to ensure follow up review</p>	<p>Directorate team</p> <p>Directorate team corporate Nursing</p>	<p>31st October 2022</p> <p>Complete</p>
The health board is required to provide HIW with details of the action taken to respond to the less favourable staff responses to some of the questions as noted in the	Standard 7.1 Workforce	Monthly band specific team meeting are being convened to be held on alternate months	Lead Nurse EU	Complete

<p>Quality of Management and Leadership section of this report.</p>		<p>The Executive Director of People and Culture and the Executive Director of Nursing have met with senior leadership team along with Workforce and Organisational Development to coordinate a programme of development.</p> <p>The Executive Director of Nursing will meet with the Band 7 forum</p> <p>The Executive Director of Nursing, Executive Medical Director and Executive Director of People and Culture have a monthly EU Oversight meeting to review the wider actions and improvement programme.</p> <p>The Executive Director of Nursing is meeting with the Senior and Lead Nurse team on a fortnightly basis</p>	<p>Executive Director of People and Culture</p> <p>Executive Director of Nursing</p> <p>Executive Team</p> <p>Executive Director of Nursing</p>	<p>November 2022</p> <p>30th September 2022</p> <p>Complete</p> <p>Complete</p>
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<p>The health board is required to provide details of the action taken to improve compliance with mandatory training and staff appraisals.</p>	<p>Standard 7.1 Workforce1</p>	<p>An education plan has been established to ensure improved compliance for both adults and paediatrics life support (face to face courses)</p> <p>An education plan is being developed to improve mandatory e-learning compliance within the directorate - to provide a trajectory path for compliance percentages</p> <p>The directorate have taken the following actions to improve compliance with staff appraisals and mandatory training</p> <ul style="list-style-type: none"> • Team leaders have been given a protected day to meet with their team to complete Values Based Appraisals. • Staff have been booked on e-learning support sessions with the Education Team 	<p>Lead Nurse EU</p> <p>Lead Nurse EU</p> <p>Lead Nurse EU</p>	<p>November 2022</p> <p>Complete</p> <p>1st November 2022</p>
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| | | <ul style="list-style-type: none">• Compliance of staff mandatory training and appraisals will be monitored on a monthly basis through the senior management team meetings. | | |
|--|--|---|--|--|

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: