

Hospital Inspection Report (Unannounced)

Emergency Unit and Clinical
Decisions Unit, Prince Charles
Hospital,

Cwm Taf University Health Board

Inspection date: 31 July, 01 and 02 August 2023

Publication date: 2 November 2023



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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 Prince Charles Hospital, Cwm Taf Morgannwg University Health Board on 31 July, 01 and 02 August 2023. The following areas were reviewed during this inspection:

- Emergency Unit (EU)
- Clinical Decisions Unit (CDU).

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 21 questionnaires were completed by patients or their carers and 24 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team, for the inspection comprised of one HIW Senior Healthcare Inspector, three HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewer. The inspection was led by the 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 feedback we received from patients and their carers indicated they were generally satisfied with their care and treatment, and the approach of the staff.

With the exception of the Ambulatory Care area, the other areas of the Emergency Unit (EU) and the Clinical Decisions Unit (CDU) generally allowed staff to adequately protect the privacy and dignity of patients. However, the washing and toilet facilities within the EU were inadequate for patients waiting in the unit for extended periods, especially overnight.

Challenges with maintaining patient flow through the hospital and the wider health and care system meant patients were waiting in the EU for longer periods than they should expect.

This is what we recommend the service can improve:

- The health board must take suitable action to promote the privacy, dignity and comfort of patients within the Ambulatory Care area
- The health board must review the provision of washing and toilet facilities within the EU
- The health board must take suitable action to deliver the 'Active Offer'.

This is what the service did well:

- We saw staff treating patients and their carers with respect and kindness
- QR codes were displayed in the Paediatrics area, which allowed patients or their carers to access a wide range of health information and advice
- We saw consideration had been given to environment of the CDU to help those patients with a cognitive impairment locate the washing and toilet facilities
- We found staff provided information to patients and their carers using plain language and this was especially evident in the Paediatrics area
- We saw significant efforts and been made to make the Paediatrics area suitable for young children through use of child friendly décor and the provision of toys.

Delivery of Safe and Effective Care

Overall summary:

We found staff working extremely hard to provide patients with safe and effective care at a time when the hospital was at a heightened level of escalation due to service pressures.

We identified areas for improvement in a number of areas. There were two areas where we required the health board to take immediate action.

Immediate assurances:

- We identified gaps in the records of checks conducted of emergency equipment stored on resuscitation trolleys within the EU and were not assured checks were being conducted to confirm the necessary equipment was available in the event of an emergency
- We identified poor compliance with mandatory resuscitation training on both the EU and the CDU and were not assured a sufficient number of staff had the required up to date skills to perform effective resuscitation.

This is what we recommend the service can improve:

- The health board must take suitable action to complete risk assessments of the Mental Health Assessment rooms and the Triage rooms
- The health board must take suitable action to ensure risk assessments are completed in relation to patients in the EU developing pressure damage and in relation to patient falls
- The health board must take suitable action to ensure patients in the Ambulatory Care area have an adequate means to summon assistance
- The health board must take suitable action to improve staff compliance with the health board's policy for hand washing to help reduce cross infection
- The health board must take suitable action to improve the meal provision in the EU
- The health board must take suitable action to ensure patients' clinical and care records are readily available to staff when required.

This is what the service did well:

- The EU and the CDU were accessible to patients and visitors with mobility impairments
- The hospital capacity and escalation status were discussed regularly throughout the day via safety huddles and twice daily 'Safe to Start' meetings
- An effective system for the initial assessment and the ongoing monitoring of patients waiting in ambulances was in place

- The EU and the CDU were visibly clean and generally tidy
- The sample of records we reviewed were easy to navigate, the handwriting was clear and legible, and entries were logically set out.

Quality of Management and Leadership

Overall summary:

A management structure was in place and clear lines of reporting and accountability within the EU and CDU were described and demonstrated.

We received positive staff feedback on the approach of managers and the impact they had on the culture within both the EU and the CDU. However, staff feedback on other elements of the service was mixed.

Staff we spoke with were knowledgeable regarding their roles and responsibilities within the areas they worked. Overall, we saw good compliance with mandatory staff training.

Senior staff described appropriate arrangements for recording, investigating, and responding to concerns, and they showed a good understanding of their responsibilities under the Duty of Candour.

Arrangements for regular audit were described and we saw a good level of compliance.

This is what we recommend the service can improve:

- The health board must take suitable action to respond to the less favourable staff feedback and comments described throughout this report
- The health board must take action to support staff with health and wellbeing matters and raise staff awareness of the help available
- The health board must take action to increase staff confidence that when they raise concerns, these will be addressed

This is what the service did well:

- We found strong leadership in both the EU and the CDU
- Additional senior posts had been created with the aim of providing an increased level of senior support to staff teams and staff we spoke to described this had been very beneficial
- A Senior Nurse for Professional Development had been appointed and staff made positive comments regarding the benefit of having an individual with specific responsibility for the training and development of staff teams
- We found staff working within the EU and the CDU were committed and aimed to provide patients with a good level of care

- The majority of staff who provided feedback told us they would feel secure raising a concern about unsafe practice
- Overall, we saw good compliance with mandatory staff 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

The majority of respondents (15/19) who answered the question in the HIW patient questionnaire rated the service they had received as 'very good' or 'good'. However, a few (4/19) rated the service as 'poor' or very poor'.

Patient comments included:

"The staff were very helpful, supportive and very professional! They were very busy but always had time for us in this hard situation."

"Good experience. Lots of cups of tea."

"Prefer not to spend night in an ambulance."

"The department was busy but no one seemed in a rush to help."

"Happy with service."

"Arrived night before sent home, 5 hours wrong department. Hospital couldn't find paper work."

Person Centred

Health promotion

Within the Paediatrics area of the Emergency Unit (EU), we saw posters with QR codes clearly displayed. These allowed patients or their carers with suitable mobile devices to access a wide range of relevant health information and advice.

Generally, there was a lack of health promotion material available within the rest of the EU and the Clinical Decisions Unit (CDU). However, we did see posters were displayed that included a telephone number patients/visitors could use to obtain help and advice on stopping smoking. In addition, smoking was not permitted within the hospital or the hospital grounds. This was in accordance with current legislation to help prevent disease caused by second-hand smoke.

Senior staff told us the intention was to extend the use of QR codes, similar to those seen in the paediatric area, to other areas within the EU.

Dignified and respectful care

We saw staff treating patients and their carers with respect and kindness. We also saw staff made efforts to promote the privacy and dignity of patients both within the EU and the CDU.

The majority of respondents (16/18) who answered the question in the HIW patient questionnaire told us staff had treated them with dignity and respect. Few respondents (2/18) told us they had not.

With the exception of the Ambulatory Care area, the other areas of the EU and the CDU generally provided adequate facilities to promote the privacy and dignity of patients. However, we did see a 'surge' area needed to be used within the CDU, which meant an additional bed was placed in one of the multi-bedded bays. This impacted negatively on patient privacy and dignity and presented challenges for staff in this regard.

The Ambulatory Care area did not provide adequate facilities to protect the privacy and dignity of those patients accommodated in this area. While treatment rooms had doors that could be closed when patients were being seen, and cubicles had privacy curtains, the 'sub-wait' areas did not have adequate privacy screens or curtains. In addition, patients were accommodated in close proximity to each other or in the corridor immediately outside the 'sub wait' areas which presented significant challenges for staff in promoting the privacy and dignity of patients and maintaining patient confidentiality.

Very few staff (9/24) who completed a questionnaire told us the EU environment was appropriate to ensure patients receive the care they require at 'their point of attendance'. Feedback and comments we received from staff indicated the environment, particularly the Ambulatory Care area, was no longer suitable given the increase in the number and the acuity of patients attending the EU.

However, most (17/24) told us the EU facilities were appropriate for staff to carry out their specific tasks.

We were told there were plans to reconfigure the 'footprint' of the EU and that when completed, this would address the environmental and operational challenges we identified with Ambulatory Care area.

The health board is required to provide HIW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.

Until the planned reconfiguration is completed, the health board is required to provide HIW with details of the action taken to promote the privacy and dignity of patients accommodated in the Ambulatory Care area and 'surge' areas.

Most of the respondents (16/20) who answered the question in the HIW patient questionnaire told us measures, such as privacy curtains drawn or a private room used, had been taken to protect their dignity. Few respondents (6/20) told us measures had not been taken.

When asked whether patients' privacy and dignity is maintained, responses from staff who completed a HIW questionnaire were mixed. Half of the respondents told us it was, and half told us it wasn't.

Some patients had been waiting in the Ambulatory Care area in excess of 24 hours. While some patients were sat in recliner chairs, offering a degree of comfort, others were sat in fixed position chairs. This made them uncomfortable for patients having to wait for extended periods of time.

The health board is required to provide HIW with details of the action taken to promote the comfort of patients accommodated in the Ambulatory Care area for extended periods of time.

The EU environment was not conducive to promoting sleep and rest for patients who were waiting for extended periods, especially overnight. We were told staff were mindful of this and would work closely with staff in other areas of the EU and CDU to identify more suitable areas for patients to wait. However, we were told an alternative area was not always available.

Similarly, the toilet and washing facilities were inadequate. This was especially evident in the Ambulatory Care area.

The health board is required to provide HIW with details of the action taken to review the provision of washing and toilet facilities within the EU, so these are appropriate and sufficient to meet the assessed needs of patients.

The CDU environment provided more suitable facilities for patients waiting overnight.

Individualised care

We saw initiatives were in place to help staff identify and deliver care to patients with particular or special needs.

We were told physiotherapists provided patients with mobility aids and promoted their use. However, we were told the EU environment was not conducive to

patients mobilising safely. In addition, staff told us when they are busy, due to the acuity of patients, there are delays in staff being able to support patients requiring assistance or supervision to mobilise. We were also told when patients are accommodated in EU for extended periods, this can lead to them having a lack of confidence and so a deterioration in their mobility.

The health board is required to provide HIW with details of the action taken to meet the assessed mobility needs of patients accommodated in the EU.

Within the CDU, we saw consideration had been given to the environment to help those patients with a cognitive impairment, such as dementia, to locate the washing and toilet facilities.

We acknowledged the building works, which were ongoing at the time of the inspection were creating challenges for the hospital in providing clear signage, due to areas being portioned off for safety reasons. However, we felt signage within the EU could be improved to help patients and their carers find the X-ray department and other areas independently.

The health board is required to provide HIW with details of the action taken to improve the signage within the EU to help patients and their carers find the X-ray department and other areas independently.

Timely

Timely care

On arrival, we found the EU to be extremely busy and patients were experiencing long waits to be seen following triage. We were told the escalation level of the hospital as 'Level 4' and this level of escalation generally remained for the duration of our inspection.

On the second day of our inspection, we were told the average ambulance 'offload' time was approximately 2 hours during the previous 48-hour period and approximately 3 hours on that day. We were told delays in the 'handover' of patients inevitably led to an inability by the ambulance service to respond to other calls.

When asked how they travelled to the hospital, most respondents (12/21) who completed a HIW patient questionnaire told us they travelled by car. The remainder told us they either travelled by ambulance (8/21) or by other means (1/21).

When asked how long they had waited in the ambulance before being admitted to the EU, most respondents (5/8) told us they had waited more than 2 hours. The remainder told us they had either waited between 15 minutes and 1 hour (2/8) or between 1 and 2 hours (1/8).

While some patients were waiting on ambulances for longer than they should expect, we saw they were comprehensively assessed by the Ambulance Triage Nurses. We saw patients who had arrived by ambulance were assessed within minutes of arrival.

Similarly, children were seen in the Paediatric Area in a timely manner following arrival to the EU.

Arrangements were described for regularly monitoring bed availability within the hospital to identify suitable clinical areas where patients could receive ongoing care and treatment. However, we saw the hospital was experiencing challenges in this regard resulting in patients remaining in the EU for longer than should be expected.

Patients who self-presented to the hospital were also comprehensively assessed by a Triage Nurse. However, due to the number of patients presenting to the EU, patients were not always being triaged within the expected 15 minutes. Senior staff described arrangements for monitoring Triage times, and we were told additional support would be provided whenever possible.

When asked how soon after arriving at the EU were they were assessed by healthcare staff, one third of the respondents (6/18) who answered the question in the HIW patient questionnaire told us they were seen immediately, slightly less (5/18) were seen within 30 minutes with the remainder being seen after 30 minutes (3/18) or told us they were not assessed (2/18).

When asked how long they waited before receiving treatment or being referred on, most respondents (9/16) who answered the question in the HIW patient questionnaire told us 2 hours. The remainder either waited between 2 and 4 hours (3/16), between 4 and 8 hours (1/16), between 8 and 12 hours (1/16) or over 12 hours (2/16).

When asked whether patients are assessed within the 4-hour target, very few staff (5/24) who completed a HIW questionnaire told us they were.

The health board is required to provide HIW with an update on the systems in place to improve patient flow through the EU.

Equitable

Communication and language

Staff we spoke with were aware of the need to be discreet when talking to patients and to maintain confidentiality. Patients accommodated in the Paediatric area were seen in private cubicles with doors that could be closed. Therefore, assessments and conversations could be conducted in private.

However, we saw when the rest of the EU was busy and operating above capacity, this presented challenges to staff. This was particularly evident in the Ambulatory Care area where patients were accommodated in close proximity to each other. Therefore, making it extremely difficult for staff to speak to patients without being overheard by other patients and visitors in the area. Staff told us they try and speak to patients in private rooms, but these were not always available.

We saw notice boards were used in the EU to record the names of patients accommodated in the different areas of the unit. Generally, these were located away from public view. However, the board used in the Ambulatory Care area was located in the corridor and clearly visible to patients and visitors. This meant patient confidentiality may be breached.

The health board is required to provide HIW with details of the action taken to reduce the likelihood of patient information recorded on the board used in the Ambulatory Care area being seen by patients and visitors.

We found staff provided information to patients and their carers using plain language and checked their understanding. This was especially evident in the Paediatrics area we found good, clear age-appropriate communication. However, feedback from some patients we spoke with, or their carers indicated staff had not always updated them with progress on their care and treatment.

The health board is required to provide HIW with details of the action taken to provide patients with regular updates on their care and treatment.

Most respondents who answered the questions in the HIW questionnaire told us staff had explained to them what they were doing (15/19), had listened to them and answered their questions (16/19).

Generally, written information displayed was in English only. However, bilingual signage was in place in both Welsh and English.

The majority of respondents (17/21) who completed a HIW patient questionnaire told us their preferred language was English. The remainder (4/21) told us it was Welsh.

When asked whether they were actively offered to speak Welsh, were comfortable using the Welsh language and whether information was available to them in Welsh, half of the respondents told us 'yes' and the other half told us 'no'.

The majority of staff (21/24) who completed a HIW questionnaire told us they were not a Welsh speaker. The majority of those who told us they did speak Welsh also told us they use (1/3) or sometimes use (1/3) Welsh in everyday conversations. In addition, those who told us they do speak Welsh also told us they only sometimes wear a badge or lanyard to show patients they are Welsh speaking. This meant Welsh speaking patients may not always be aware of staff who are able to speak to them in Welsh according to their needs and preferences.

The health board is required to provide HIW with details of the action taken to deliver the 'Active Offer'.

Rights and Equality

We were told efforts were made to provide care and treatment in a way that promoted and protected patients' rights. We were also provided with examples of the arrangements in place so patients could access services on an equal basis, without discrimination. These included the input of a specialist Learning Disability Nurse who staff could contact for advice on developing appropriate care plans for patients with a learning disability.

The majority of staff (21/24) who completed a HIW questionnaire told us patients are informed and involved in decisions about their care. The remainder told us they were not.

Similarly, most of the respondents (14/20) who answered the question in the HIW patient questionnaire told us they had been involved as much as they wanted to be in decisions about their care. However, almost a third of respondents (6/20) told us they had not.

The health board is required to provide HIW with details of the action taken to involve patients as much as they want to be in decisions about their care.

We were told Equality, Diversity and Human Rights training formed part of the health board's mandatory training programme. Data provided to HIW showed good staff compliance with such training for staff working in the EU and the CDU. We

found staff were aware of their responsibilities regarding individuals' needs and equality legislation.

The majority of respondents (17/19) who answered the question in the HIW patient questionnaire told us they had not faced discrimination when accessing the service. However, the remainder (2/19) told us they had on grounds of their disability or preferred not to say.

The health board is required to provide HIW with details of the action taken to ensure patients do not feel discriminated against when accessing services.

We saw the EU had a designated Paediatric Area, where children could wait and receive treatment. This was separate to the areas where adult patients could wait and be seen. We saw significant efforts and been made to make this a suitable environment for young children through use of child friendly décor and the provision of toys.

We also saw a room was available, which provided a quiet and private area where relatives of critically ill patients could wait.

Delivery of Safe and Effective Care

Safe

Risk management

At the time of our inspection, significant building works were ongoing at the hospital. Externally, we saw metal fences/barriers were in place to deter visitors from entering areas where work was being done. We saw similar arrangements internally with work areas partitioned off to promote the safety of patients, visitors, and staff.

We saw there was level access to the EU, which had its own designated entrance located away from the hospital main entrance. This made the unit accessible to patients so they could enter the waiting room and access the reception desk safely. There was also level access to the CDU which was located next to the EU. We saw access to the EU and CDU was restricted and could only be gained by using swipe access cards.

When asked whether they were content with the efforts made by the hospital to keep them and patients safe, approximately half of staff (11/24) who completed a HIW questionnaire told us they were, and the remainder (13/24) told us they weren't.

All areas we saw were generally tidy and free of unnecessary clutter. However, we did identify a store cupboard containing clinical waste was unlocked. This was addressed by staff when we brought this to their attention.

When asked whether there was adequate seating in the waiting room of the EU, the majority of respondents (14/18) who answered the question told us there was. Very few (4/18) told us it wasn't. A respondent made the following comment:

“Glad chairs have been changed in seating area...”

The EU had designated Mental Health Assessment rooms for patients presenting with mental health needs. These provided calm, quiet areas where patients could be seen by the hospital's mental health team. We did not identify any obvious ligature points in these rooms. However, the general risk assessment provided to us did not include specific risk assessments for these rooms. In addition, the risk assessment did not include a specific risk assessment for the Triage rooms. This meant we were not assured that potential and actual hazards had been identified and actions implemented to mitigate the risk of harm or injury to staff or patients.

The health board is required to provide HIW with details of the action taken to complete suitable risk assessments of the Mental Health Assessment rooms and the Triage rooms and develop action plans as appropriate to mitigate any risks identified.

We saw an Emergency Pressures Escalation Procedure was in place. At the time of our inspection the procedure had recently been reviewed and was awaiting approval via the health board's governance process. Staff we spoke with were aware of the escalation arrangements. Similarly, all staff who completed a HIW questionnaire and felt the question was applicable to them (22/22) told us they knew how to escalate when the EU was close to capacity.

We saw the hospital capacity and escalation status was discussed regularly throughout the day via safety huddles and twice daily 'Safe to Start' meetings. On the first day of our inspection, we were told the escalation level was at 'Level 4' and this level of escalation continued during our inspection. Staff we spoke with described the EU as being extremely busy on almost a daily basis.

We reviewed the care records of 12 patients in the EU at the time of our inspection. These included patients within the Majors area, Ambulatory Care area, and the Paediatric area.

An effective system for the initial assessment and the ongoing monitoring of patients waiting in ambulances was described and demonstrated. This involved the use of an EU Safety Checklist. We saw patients were regularly brought into the Majors area of the EU from ambulances so their pressure areas could be checked. We identified this as an area of good practice.

We were told, where the Ambulance Triage Nurse or Paramedics identified a patient as being clinically unstable or deteriorating, or where a patient's Triage Assessment Category is 'orange', the nurse would immediately escalate to the EU doctor so the patient could be rapidly assessed and treated.

When asked whether they had been regularly checked by hospital staff when waiting in the ambulance, all respondents (8/8) to whom this question applied, told us they had. In addition, all respondents (7/7) who answered the question told us they had felt safe and cared for whilst in the ambulance.

More generally, when asked whether staff had checked on them whilst they were waiting, over two thirds (12/17) of respondents who answered the question (and felt it was applicable to them) told us they had. Just under a third (5/17) told us staff had not checked on them.

We saw patients in the Majors Area had a recorded assessment for their risk of developing pressure damage, where required. We also saw written care plans had been developed and evidence of frequent repositioning and ongoing monitoring of patients' pressure areas. In addition, we saw suitable pressure relieving equipment was available and being used.

None of the patients in the Ambulatory Care area had a recorded assessment in relation to developing pressure damage. This was despite two patients having been accommodated for longer than 24 hours and so potentially would be more at risk than those patients accommodated for shorter periods. While we saw evidence of frequent repositioning, there was no evidence of ongoing monitoring of these patients' pressure areas.

We saw patients in the Majors area had a recorded assessment for their risk of falls, and a moving and handling assessment where required. While patients in the Ambulatory Care area had a recorded moving and handling assessment, there was no recorded assessment for their risk of falls in the patient records were reviewed. This meant suitable action may not be taken should a patient be at risk of falls.

The health board is required to provide HIW with details of the action taken to ensure suitable risk assessments are completed and recorded in relation to patients developing pressure damage and in relation to patient falls. Suitable care plans are to be developed and implemented, where required.

We saw the pull cords for call bells within the toilets located in the Ambulatory Care area needed to be repaired or replaced, depending on the outcome of a suitable risk assessment for this area. In addition, there was an insufficient number of nurse call bells for patients to use within the Ambulatory Care area. There were four bays being used to accommodate patients. However, only two of these had call bells. In addition, these bays (used for up to four patients) had only one call bell. This meant patients may not be able to summon assistance when needed.

The health board is required to provide HIW with details of the action taken to ensure patients in the Ambulatory Care area have an adequate means to summon assistance, subject to a suitable risk assessment of this area.

Infection prevention and control and decontamination

We saw up to date written policies were in place in relation to infection prevention and control. These were available to staff working in the EU and the CDU via the health board's intranet.

We saw both the EU and the CDU were visibly clean and generally tidy on the days of our inspection. Cleaning staff were seen to be visiting the EU and the CDU regularly.

When asked to give an opinion on the cleanliness of the EU and the CDU, most respondents (14/20) who answered the question felt it was 'very clean'. The remainder felt it was either 'fairly clean' (3/20) or 'not very clean' (3/20).

We also saw adequate supplies of personal protective equipment (PPE), such as disposable gloves and aprons, were readily available in the EU and the CDU for staff to use. While we saw good staff compliance with 'bare below the elbows' practice, we felt staff within the EU missed opportunities to wash their hands to help reduce cross infection.

The health board is required to provide HIW with details of the action taken to improve staff compliance with the health board's policy for hand washing to help reduce cross infection.

When asked whether they felt infection prevention and control measures were being followed, such as staff wearing PPE and washing their hands, over half the respondents (11/20) told us 'yes'. The remainder either felt they were 'partially' (2/20) or told us 'no' (7/20).

We saw information being displayed relating to precautions previously in place to reduce the spread of COVID-19. In addition, a message was being played in the waiting area of the EU advising patients of COVID-19 precautions that had since been removed. The health board should review the information available to patients to help reduce any confusion around the precautions to be followed.

The majority of staff who completed the questions in the HIW questionnaire told us the organisation implemented an effective infection control policy (21/24) there was an effective cleaning schedule in place (19/24), appropriate PPE is supplied and used (21/23) and the environment allows for effective cleaning (18/24).

The EU and the CDU environment allowed for patients to be nursed in isolation, should this be necessary for infection prevention and control reasons. While restrictions that had been put in place in response to COVID-19 had largely been relaxed, where patients reported as having symptoms or where COVID-19 was confirmed we were told the necessary safety precautions would be implemented to prevent the spread of the virus.

We saw waste was stored in suitable containers, which were located in a lockable room, while waiting to be collected by portering staff. However, we saw this room was unlocked on two occasions. This may present a potential infection and safety risk to persons who may enter this room and who are not authorised to do so. We highlighted this to senior staff who arranged for the room to be secured against unauthorised access.

We were told Infection Prevention and Control training formed part of the health board's mandatory training programme. The training data provided to HIW showed very good staff compliance for both the EU and the CDU.

Safeguarding of children and adults

We saw a written policy and associated procedures were in place in relation to safeguarding children and adults at risk. We also saw staff working within the EU and CDU could access the policy and procedures, together with the relevant documents, via the health board's intranet. At the time of our inspection the policy had recently been reviewed and was awaiting approval via the health board's governance process.

Senior staff for both the EU and CDU described suitable arrangements for responding to safeguarding concerns. They were also confident staff were knowledgeable in this regard. Suitable arrangements were also described in relation to the use of the Deprivation of Liberty Safeguards (DoLS).

We were told Safeguarding training formed part of the health board's mandatory training programme. The expected level of training to be completed was dependent on the grade and role of staff. The training data provided to HIW showed very good staff compliance for both the EU and the CDU.

Management of medical devices and equipment

We saw staff working in the EU and the CDU were able to access a range of equipment to meet the assessed needs of patients. This included diagnostic and monitoring machines, moving and handling equipment and specialist pressure relieving aids.

We found suitable arrangements were in place for the maintenance of equipment. The equipment we saw had labels showing when they had last been serviced and it appeared well maintained and clean. Staff we spoke with were able to describe how they would report any faulty or missing equipment.

Equipment was available for use in the event of a patient emergency (collapse) in the both the EU and the CDU. We reviewed a sample of records of the checks conducted of emergency equipment stored on resuscitation trolleys within the EU.

While the records showed checks had been conducted on the days of our inspection, we identified gaps in the records during the months of April, May, June and July 2023 where checks had not been recorded. Therefore, we were not assured regular checks were being conducted in accordance with the health board's policy/requirements to ensure the required equipment is available and suitable to use in the event of a patient emergency (collapse).

The above was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Medicines Management

We saw an up-to-date written policy was in place in relation to the administration of medicines. This was available to staff working in the EU and the CDU via the health board's intranet.

For the purposes of this inspection, we considered the arrangements for medicines management mainly in the EU. However, we did consider the storage of medicines in the CDU.

Generally, we saw medicines were managed safely in the EU with associated records being completed correctly. However, we did identify some gaps in the recording of stock checks of Controlled Drugs. Similarly, we saw there were some gaps in the recording of fridge temperatures where medicines were stored. This meant we could not be assured Controlled Drugs were subject to the required checks to promptly identify discrepancies. In addition, we could not be assured medicines requiring refrigeration were being stored at the correct temperature in accordance with the manufacturer's instructions.

The health board is required to provide HIW with details of the action taken to ensure:

- **Controlled Drugs used in the EU are subject to regular stock checks**
- **Temperatures of fridges in the EU used to store medication are regularly recorded.**

We saw medicines used by the EU were securely stored. However, we did identify two of the cupboards (located in a lockable room) used to store medication used by the CDU were broken and could not be effectively locked to prevent unauthorised access. This posed a possible risk of persons accessing and ingesting medication that is not meant for them. We escalated this to senior staff so they could take action to have the locks repaired or replaced as a matter of priority.

The health board is required to provide HIW with an update on the action taken to repair or replace the locks on the medication cupboards in the CDU.

Effective

Effective Care

We were told agreed care pathways were in place for patients presenting with ST elevation myocardial infarction (STEMI) and with a stroke. These pathways were implemented 24 hours per day. However, we were told senior clinical decision makers were not always readily available.

We found suitable arrangements were in place to identify and safely manage patients with possible sepsis. All staff we spoke with were aware of the 'Sepsis Six Bundle' and the importance of the early detection of sepsis.

Staff we spoke with were aware they could access relevant clinical guidelines from the health board's intranet. While nursing staff were aware of Patient Safety Notices relevant to the EU, some Health Care Support Workers (HCSWs) were not.

The health board is required to provide HIW with details of the action taken to ensure all staff who need to be are made aware of Patient Safety Notices relevant to their work area.

We found a multi-disciplinary team approach to providing patient care and treatment. This was clear within the sample of patient records we reviewed.

Within the patient records we reviewed, we saw patients in the Majors area had a recorded pain assessment and evidence of their pain being managed. However, there was no recorded pain assessment and ongoing evaluation for patients in the Ambulatory Care area. We identified one patient had to request pain relief rather than this being routinely offered following a pain assessment. In addition, we saw only one patient in the Paediatric area, out of the four records we reviewed, had a recorded pain assessment and ongoing evaluation. This meant we could not be assured patients' pain was always being appropriately managed.

The health board is required to provide HIW with details of the action taken to ensure patients have their pain assessed and regularly evaluated.

Nutrition and hydration

For the purposes of this inspection, we considered the arrangements for meeting the nutrition and hydration needs of patients in the EU only. However, we did invite patients within the CDU to provide feedback about mealtimes.

We saw patients waiting in the EU (including the waiting area and in ambulances) had access to drinking water. We were also told patients within the EU (excluding

the waiting area) were offered two hot meals per day. We saw a vending machine was available for patients to use in the waiting area.

When asked whether they had adequate access to food and drink, most respondents (13/18) told us they had. Very few (5/18) told us they did not. However, we received the following comments:

“Breakfast - cold, not enjoyable, not appetising.”

“When I asked for water I was advised I had not been in the department for long enough to be fed and watered, despite being there alone for 7 hours at that point.”

We observed a lunchtime meal and saw plated meals were served to patients. However, we saw these meals were being taken through the EU uncovered. This meant the meals were more likely to be served at a temperature lower than intended and also may become contaminated. In addition, the meal we saw did not appear appetising nor nutritionally balanced. We also found there was a lack of choice, and patients’ individual preferences were not routinely accommodated, such as patients who are vegetarian or vegan.

While patients waiting in ambulances were offered hot meals, we were told the lack of suitable facilities on ambulance, such as tables and handwashing facilities, made it difficult for patients to eat their meals.

We were told staff would help patients as required. However, we were told this was not always possible for patients in the Ambulatory Care area due to staffing pressures when this area was busy. We were also told, patients in the Ambulatory Care area could not always have a hot drink, again due to staffing pressures.

The health board is required to provide HIW with details of the action taken to:

- **provide patients with meals that are nutritionally balanced, appear appetising, served at a suitable temperature and that meet patients’ individual preferences and needs**
- **provide patients with hot drinks at regular intervals**
- **provide patients with suitable assistance to eat and drink.**

Patient records

Patient records were a mixture of paper and electronic systems. We saw an electronic system was used to track patients’ location within the EU and to indicate if they were waiting to be seen, with clinical records being completed in paper format.

When asked whether they were able to access the ICT systems they need to provide good care and support for patients, most staff (14/24) who answered this question in the HIW questionnaire told us they were.

We observed several occasions where staff were trying to locate the clinical records of patients, which were either being used by other staff or temporarily unavailable. This may result in delays in staff locating the clinical records and in patients being seen.

The health board is required to provide HIW with details of the action taken to ensure patients' clinical and care records are readily available to staff when required.

The sample of records we reviewed were easy to navigate, the handwriting was clear and legible, and entries were logically set out.

Efficient

Efficient

While established care pathways were in place, we found patient flow through the EU was delayed due to the lack of available beds within the rest of the hospital. In addition, we were told the number of patients self-presenting to the EU was increasing, placing additional pressure on the service.

A Minor Injuries service was provided at the EU. However, due to the need to prioritise staffing at the Minor Injuries Unit at another hospital within the health board, the service was not always available. We were told patients would be advised on arrival at the EU if the Minor Injuries service was not available and either signposted to other services or given the option to wait and be seen. This often resulted in patients with minor injuries waiting longer than they should expect to be seen.

We were told the Triage area was previously staffed with one Triage Nurse and one HCSW, who was responsible for performing and recording electrocardiograms (ECGs) and taking blood samples. However, this arrangement had been reviewed with the aim of increasing efficiency and at the time of the inspection the Triage area was staffed by a Triage Nurse only. The performing of ECGs and the taking of observations was the responsibility of the HCSWs working in the Ambulatory Care area, which had an uplift of one HCSW. In addition, they were responsible for performing repeat observations.

We were told, sometimes the number of patients attending the EU, together with the need to conduct an initial set of patient observations, refer patients for an

ECG and for blood specimens to be taken, resulted in the Triage Nurse being unable to see patients within the expected 15-minute timeframe. During our inspection we found patients were not always being triaged within 15 minutes.

Feedback received from staff indicated it would be beneficial if additional staff were working in the Triage and Ambulatory Care areas.

The health board is required to provide HIW with details of the action taken to review the staffing arrangements within the Triage area and the Ambulatory Care area. The health board is encouraged to engage with staff given the feedback and comments received by HIW in this regard.

When children were brought to the EU, we were told parents/carers would be directed directly to the Paediatric Area, so they did not have to wait in the main waiting area. In addition, were told children arriving by ambulance were also transferred quickly to the Paediatric area. Efficient pathways were described for paediatric patients presenting with a wheeze or diabetic ketoacidosis (DKA). We were told patients presenting with these conditions were treated and admitted to an in-patient ward within one hour.

Quality of Management and Leadership

Staff feedback

Responses received from staff who completed HIW questionnaires and those we spoke with were mixed.

Staff comments included the following:

“There are often (daily) delays in patient assessment due to the lack of accessible space within department for patients to be assessed due to the large volumes of patients presenting to the department. Space is consumed by patients awaiting transfer to inpatient beds due to lack of space and flow.”

“I feel that due to low staffing levels that it is often impossible to provide the level of care to patients that is required. Staff are often made to work multiple areas which again means patients have to wait for personal care needs. This also has a massive impact on staff moral and wellbeing.”

“We have improved so much with regards to patient privacy care and safety by stopping the corridor in majors and ensuring all patients are in single rooms or bays however ambulatory is now a high risk area due to high volume and acuity of patients.”

“The care given to the patients is outstanding, in my opinion. There is a lack of capacity in the department almost constantly. The worst hit area is Ambulatory Care, where often patients who self-present to A&E are sicker than that area can support and there often isn't room to accommodate them in an appropriate area.”

“Ambulatory areas are not fit for the purpose. There are no facilities for patients hygiene needs and patients are often kept there in excess of 48 hours. The volume of speciality referrals coming through the department make the environment unmanageable. Not enough staff nurses or HCA's on every shift.”

“Good leadership from the top has turned the department around in the last 18 month, supportive, caring, encouraging environment.”

The health board is required to provide HIW with details of the action taken to respond to the less favourable staff feedback and comments described throughout this report.

Leadership

Governance and Leadership

A management structure was in place and clear lines of reporting and accountability within the EU and the CCU were described and demonstrated.

We were told there had been additional senior posts created, and recruited to, with the aim of providing an increased level of senior support to staff teams. Staff we spoke to described this had been very beneficial. In addition, a Senior Nurse for Professional Development had been appointed and again staff made positive comments regarding the benefit of having an individual with specific responsibility for the training and development of staff teams.

Senior staff described the EU, and the CDU were represented at various meetings as part of the health board's arrangements for reporting on and monitoring the quality and safety of the services provided.

Senior staff and managers engaged positively with the HIW inspection process. They demonstrated a commitment to learn from the inspection and make improvements as appropriate.

The majority of staff who completed a HIW questionnaire told us their immediate manager can be counted upon to help them with a difficult task at work (20/24) and gave them clear feedback about their work (19/24). Feedback was mixed when asked whether their immediate manager asked staff for their opinion before making changes that affect their work, with just over half (13/24) telling us it was and the remainder telling us it wasn't.

The majority of staff who completed a HIW questionnaire also told us senior managers are visible (21/24) and communication between senior managers and staff is effective (18/24). Most staff (16/24) told us and that senior managers are committed to patient care.

Similarly, all the staff (7/7) we spoke with during the inspection gave positive feedback and comments regarding management and the impact they had on the culture within both the EU and the CDU.

Most staff who answered the questions in the HIW questionnaire (and felt they were applicable to them) told us the hospital is supportive (14/23) and the hospital supports staff to identify and solve problems (15/24). However, less than half (11/23) felt the hospital takes swift action to improve, where necessary.

Most staff who completed a questionnaire told us care of patients is the organisation's top priority (16/24), they would recommend their organisation as a place to work (17/24), and they would be happy with the standard of care provided by the hospital for themselves, friends or family (14/24).

Workforce

Skilled and Enabled Workforce

It was evident throughout our inspection, staff working within the EU and the CDU were committed and aimed to provide patients with a good level of care. Staff we spoke with were knowledgeable regarding their roles and responsibilities within the areas they worked or for which they were responsible.

During our inspection we were told there were shortfalls in staffing levels despite efforts being made to cover shifts with agency or bank staff. However, the environment of the EU and the CDU generally appeared 'controlled' and organised.

Generally, the staff we spoke with in the EU and the CDU felt there was insufficient staff numbers most of the time to meet the assessed needs of patients. This was particularly evident within the Ambulatory Care area when the acuity of patients was high.

When asked whether there were enough staff to allow them to do their jobs properly, the majority of staff (21/24) who completed a HIW questionnaire told us there were not. In addition, most staff (14/24) told us they were not able to meet all the conflicting demands on their time. When asked whether they were satisfied with the quality of care and support they gave to patients, half the staff (11/22) who answered the question told us they were, and half told us they were not.

Most of the staff (14/23) told us they had received appropriate training to undertake their role. The remainder either told us they had 'partially' (9/24) or not had appropriate training (1/24). When asked what training they would find useful. Staff provided the following comments:

"NIV training on the specific machines, Rapid Infuser Training."

"... cannulate as I always get asked to do so but I can't."

During our inspection we requested details of mandatory staff training. Generally, we saw very good or good staff compliance for both the EU and the CDU. However, we identified some improvement was needed in relation to Departmental Fire Safety (EU) and Mental Capacity and DoLS (CDU).

The health board is required to provide HIW with details of the action taken to improve staff compliance with Departmental Fire Safety (EU) and Mental Capacity and DoLS (CDU) training.

We saw there was a suitable system in place in the EU and the CDU to track compliance with mandatory training. However, the information provided to us did not include Violence and Aggression and Mental Capacity and DoLS training for the EU.

The health board is required to provide HIW with assurance Violence and Aggression, Mental Capacity and DoLS training compliance is effectively tracked for the EU.

From the information provided to us, we identified poor staff compliance with mandatory resuscitation training on both the EU and the CDU.

The training information dated July 2023 for staff working in the EU showed 2.78% of staff were up to date with Basic Life Support (BLS) training, 0% with Paediatrics Basic Life Support (PBLS) training, 38.24% with Immediate Life Support (ILS) training and 50% with Paediatric Immediate Life Support (PILS) training. We were told only BLS training is required to be completed by HCSWs and only ILS training is required to be completed by registered nurses (RNs).

The training information provided to us on 01 August 2023 for staff working in the CDU showed 0% of staff were up to date with BLS training, however we were told 33% of staff had commenced this training. Good compliance was seen in relation to ILS training.

We were told improvement had already been identified as being required in this regard via the health board's own monitoring arrangements, and actions were described to improve training compliance. However, HIW was not assured a sufficient number of HCSW and RNs working in the EU had the required up to date skills to perform effective BLS or ILS resuscitation. In addition, HIW was not assured a sufficient number of HCSWs working in the CDU had the required up to date skills to perform effective BLS resuscitation.

The above was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Both the EU and the CDU offered placements to student nurses. Good links were described between the EU and CDU and the local university.

The majority of staff (19/24) who completed a HIW questionnaire told us they had received an appraisal of their work within the last 12 months. The remainder (5/24) told us they had not.

When asked about their health and wellbeing at work, just over half the staff (13/24) who completed a HIW questionnaire told us their job was not detrimental to their health. The remainder (11/24) told us it was. In addition, just over a half of staff (13/24) told us the organisation takes positive action on health and wellbeing, with the remainder (11/24) telling us it doesn't.

The health board is required to provide HIW with details of the action taken to support staff with health and wellbeing matters and raise staff awareness of the help available.

The majority of staff (21/24) who completed a HIW questionnaire told us they were aware of the Occupational Health support available to them. Very few (3/24) told us they were not.

The majority of staff (20/24) who completed a HIW questionnaire, told us they had not faced discrimination at work within the last 12 months. However, the remainder (4/24) told us they had for various reasons.

The health board is required to provide HIW with details of the action taken to ensure staff do not feel discriminated against at work.

Similarly, the majority (21/24) felt staff have fair and equal access to workplace opportunities.

Culture

People engagement, feedback and learning

We saw the health board had a written policy and procedures for managing concerns. At the time of our inspection the policy had recently been reviewed and was awaiting approval via the health board's governance process. The revised policy took account of Putting Things Right and the Duty of Candour.

Senior staff described appropriate arrangements for recording, investigating, and responding to concerns, and they showed a good understanding of their responsibilities under the Duty of Candour.

All staff (24/24) who completed a HIW questionnaire told us, if they had a concern about unsafe practice, they would know how to report it. The majority of staff (19/24) also told us they would feel secure raising a concern, with the remainder

either telling us they would not (2/24), or they did not know (3/24). However, when asked whether they were confident their concern would be addressed, half (12/24) told us they were, with the remainder telling us they were not (7/24) or they did not know (5/24).

The health board is required to provide HIW with details of the action taken to increase staff confidence that when they raise concerns, these will be addressed.

Similarly, all staff we spoke with (7/7) told us they would know how to report a concern and felt secure doing this. Staff also told us they felt managers were approachable in this regard.

The majority of staff who answered the questions in the HIW questionnaire told us they knew and understood the Duty of Candour (19/23), understood their role in meeting the Duty standards (21/24) and the organisation encouraged them to raise concerns when something has gone wrong and to share this with the patient (18/24).

We were told help and support was available to patients who wished to make a complaint through the hospital's Patient Advice and Liaison Service (PALS). Appropriate arrangements were also described to review concerns and share learning with staff teams in the EU and the CDU. We were told regular reports on concerns were shared with the health board's executive team as part of the health board's reporting and governance arrangements.

We saw limited information displayed for patients on how they could provide feedback. Some of the information that was displayed was out of date. Senior staff described a new system was to be implemented to allow patients to provide feedback. At the time of our inspection, we were told meetings were planned to agree the use of this system across the health board hospital sites.

When asked whether patient feedback is collected within their department, few staff told us it was (9/24). The remainder either told us it was not (6/24), or they did not know (9/24). Similarly, few staff (6/24) told us patient feedback was used to make informed decisions within their department, with the remainder either telling us it was not (8/24), or they did not know (10/24).

The health board is required to provide HIW with an update on the implementation of the patient feedback system and how staff will be made aware of the system and how feedback will be used to make informed decisions regarding the service provided.

Learning, improvement and research

Quality improvement activities

Senior staff described suitable arrangements for audit. These considered compliance with infection protection and control procedures, use of patient identification wristbands, completion of patient care assessments and care bundles.

Senior staff described a suitable system for dealing with incidents within the EU and the CDU. We were told staff are encouraged to report incidents via the health board's electronic reporting system.

The majority of staff who answered the questions in the HIW questionnaire told us the organisation encouraged them to report errors, near misses or incidents (21/24), treated staff who are involved fairly (19/24), takes action to ensure they do not happen again (19/24) and are given feedback in response to errors, near misses and incidents (21/24).

Senior staff described designated care parking spaces for carers of patients with dementia had previously been introduced. These aimed to make it easier for patients with dementia to be supported by their carers when attending the EU. While these had to be removed due to building works at the hospital, we were told the intention was to reintroduce these when safe to do so.

Whole system approach

Partnership working and development

Senior staff were aware of the importance of working together with hospital-based teams and external health and social care services to meet the assessed needs of patients.

We were told key information was shared during the 'Safe to Start' meetings to identify pressures on the different elements of the healthcare service and agree actions to help promote the quality and safety of care provided.

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 a store cupboard containing clinical waste was unlocked.	Unauthorised persons, such as patients or visitors, may access the room and be at risk of harm.	We escalated this to senior staff.	This was addressed by senior staff.

Appendix B - Immediate improvement plan

Service: Prince Charles Hospital - Emergency Unit and Clinical Decisions Unit

Date of inspection: 31 July, 01 and 02 August 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
We identified gaps in the records of checks conducted of emergency equipment stored on resuscitation trolleys within the Emergency Unit.	The health board is required to provide HIW with details of the action taken to demonstrate suitable daily checks of emergency equipment have been conducted in accordance the health board's policy/requirements.	<p>Cwm Taf University Health Board acknowledges the findings and we recognise improved and robust assurances are required to deliver Safe and Effective Care; to ensure the Resuscitation Trolleys are checked and signed by the appropriate Registered Nurse.</p> <ul style="list-style-type: none"> Daily assurances are provided by the Department/Ward Managers or Deputy across the Adult Acute Services Prince Charles Hospital as 	Head of Nursing PCH Adult Acute Services-	Immediate completed 09.08.2023

		<p>part of the formal “Safe to Start” meetings at 08:00 hours.</p> <ul style="list-style-type: none">• Monday-Friday; at 14:00 hours assurances are provided by the Senior Nursing Team to acknowledge their visual checks of the Resuscitation Trolley daily checks across each ward and department across the Acute Site.• Saturday, Sunday and Bank Holidays, at 14:00 hours assurances are provided by the Bed/Site Managers to acknowledge their visual checks of the Resuscitation Trolley daily checks across each ward and department across the Acute Site.• The formal Safe to Start Template facilitates the audit trail of information received from the Ward/Department		
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		<p>Managers, Senior Nurses and Bed/Site Managers.</p> <ul style="list-style-type: none"> • There is a plan to include the resuscitation trolley on the Health Board AMaT (Audit Management and Tracking) system, whereby it will be a requirement that the Lead Nurses in Unscheduled Care and planned Care undertake a 3 times weekly assurance audit that the checks have been completed. 		November 2023
We identified poor compliance with mandatory resuscitation training on both the Emergency Unit and the Clinical Decisions Unit.	<p>The health board is required to provide HIW with details of the action taken:</p> <ul style="list-style-type: none"> • to improve mandatory staff training compliance in respect of resuscitation training • to promote patient safety in the interim until compliance has improved. 	<p>Cwm Taf University Health Board acknowledges that compliance for mandatory resuscitation training is not where we want it to be in order that Patient Care and Safety can be assured in the event of a patient collapse. Current Training Compliance:-</p> <p>ED</p> <ul style="list-style-type: none"> • Registered Nurse ILS compliance is currently 38.24% and HCSW BLS is 2.78% as demonstrated in 	Head of Nursing PCH Adult Acute Services-	

		<p>attached training needs analysis.</p> <ul style="list-style-type: none"> • An 8a Senior Nurse for Professional Education has been appointed (July 2022) as part of the new ED Workforce Model agreed following the HIW review in September 2021. • A Training Needs Analysis has been undertaken and a Study Plan has been developed for all Registered Nurses and HCSWs <p>Registered Nurses-the Resuscitation Team have agreed to undertake bespoke ILS and PILS training monthly with 12 spaces being allocated monthly.</p> <p>HCSWs-the Resuscitation Team have agreed to undertake bespoke BLS</p>		<p>Completed</p> <p>65% compliance aim November 2023</p> <p>100% compliance February 2024</p>
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		<p>training monthly for ED -8 spaces</p> <p>As an interim measure to ensure patient safety until compliance has improved the senior nurse for ED will have oversight of the roster to provide assurance that each area has an ILS trained nurse on shift.</p> <p>CDU Registered Nurse ILS currently 70.6% this should also translate to BLS being achieved at 70.6% which was a data entry error to be immediately rectified by the resuscitation team via ESR. There are only 5 further nurses requiring training in order to meet 100%.</p> <p>HCSW BLS-0% at time of review. Since inspection 8 staff have had BLS training increasing compliance to over 30% with a training plan in place which will be monitored at bi-monthly workforce meeting with oversight from</p>		<p>Completed</p> <p>100% compliance aim by November 2023</p> <p>65% compliance aim November 2023</p>
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		<p>Head of Nursing and Director of Nursing. The Resuscitation Team and an identified BLS Trainer have agreed to undertake bespoke BLS training monthly (50% compliant by November 2023 and 100% compliant by February 2024)</p> <p>Training is in line with the PDR process “Have your Conversation”; training compliance is aligned to the Agenda for Change process.</p>		<p>100% compliance aim February 2024</p>
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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): Emma James

Job role: Director of Nursing-Unscheduled Care

Date: 9th August 2023

Appendix C - Improvement plan

Service: Prince Charles Hospital - Emergency Unit and Clinical Decisions Unit

Date of inspection: 31 July, 01 and 02 August 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
We identified environmental and operational issues in the Ambulatory Care area which require action by the health board.	The health board is required to provide HIW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Cwm Taf University Health Board acknowledges the findings and we recognise improved and robust assurances are required to improve the quality of patient experience and deliver Safe and Effective Care; Plans are in progress to implement Same Day Emergency Care (SDEC) services with part of this being a front door Frailty Model (Acute Care of the Elderly-ACE) as part of the EU reconfiguration work. This will facilitate early identification	CSG Manager Medicine	January 2024

		<p>of our frailty patients and avoid unnecessary long waits in the EU.</p> <p>The implementation of the above units will reduce the potential overcrowding in the Ambulatory Area where patients are waiting for inpatient beds.</p> <p>There has already been significant progress in the last 9 months with the implementation of the gynaecology, surgical and trauma assessment units aligned to inpatient areas that has diverted patient flow from the EU. Further work is going to develop processes and pathways whereby all GP expected patients will transfer directly to the assessment units and avoid the EU footprint.</p> <p>There is an options appraisal being considered to relocate the GPAU, whereby the GP</p>		
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		<p>positive patient experience. The safety huddles are mobile across the vast footprint, to demonstrate clinical presence, leadership and offer a snap shot of patient safety. Across each acute site we have implemented a Safe to Start meeting (since November 2021), this is a formal process with a clear audit trail of site patient flow activity, escalation levels, patient priorities and concerns. This process is a MDT approach including clinical service colleagues undertaken twice a day and is a whole system approach to the patient flow, governance and the professional agenda. PCH is currently in the process of major construction works and as part of this further applications for Welsh Government funding are being explored to support significant changes to the EU footprint.</p>	<p>Operational Management Team Senior Nursing Team</p> <p>Assistant General Manager</p>	
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		<p>This will facilitate improved patient clinical areas allowing for improved patient and staff experience.</p> <p>We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area-this will facilitate improved observation of patients within the area to ensure patient care and safety.</p> <p>CTM has implemented a pre-emptive transfer and boarding process to support patient flow, sharing the risk across inpatient areas allowing the de-escalation of risk held in ambulatory care. This reinforces that patient flow is a team approach across the site.</p>	<p>CSG Manager Medicine</p> <p>Operational Management Team Executive Nurse Director</p>	
We identified the Ambulatory Care area and 'surge' areas did not provide adequate facilities	Until the planned reconfiguration is completed, the health board is required to provide HIW with details of the action taken to promote the	The Ambulatory Care area has four single assessment rooms that are available for assessment of new patients	Lead Nurse Unscheduled Care Senior Nurse ED	Achieved 29.09.2023

<p>to protect the privacy and dignity of patients.</p>	<p>privacy and dignity of patients accommodated in the Ambulatory Care area and 'surge' areas.</p>	<p>and available for patients waiting who require further medical review, nursing intervention and treatment. Alongside this there is a max fax room, and three ambulatory room that support 3 patients in each. The Senior Nurse, ED Clinical Lead and Senior Nursing Team are working closely with the MDT within the EU to ensure there is understanding of their roles and responsibilities and to utilise the designated private rooms to support clinical care for patients affording privacy. To escalate to Senior Staff when there are barriers to achieve this to identify alternative solutions to ensure privacy and dignity. Temporary dignity screens are available to use within the designated waiting rooms to support the improvement. The nursing team have been reminded to close doors of</p>		
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		assessment rooms and waiting areas including the use of screens as appropriate reiterating that this is integral to the fundamentals of nursing care.		
We identified patients were sat in fixed position chairs which made them uncomfortable for patients waiting for extended periods of time.	The health board is required to provide HIW with details of the action taken to promote the comfort of patients accommodated in the Ambulatory Care area for extended periods of time.	<p>Following the previous review by Health Inspectorate Wales there has been significant investment in recliner chairs that have been placed in the Ambulatory Care area, with further plans to purchase the same type of chairs that extend into a bed, thus will support comfort for patients delayed in the EU.</p> <p>There has also been investment in new seating within the main waiting area of the EU that offer both comfort because of the extra padding but also comply with IPC guidance.</p> <p>Any patient waiting for an inpatient bed who is high risk is identified and escalated as</p>	CSG Manager Medicine Lead Nurse Unscheduled Care	December 2023

		part of the ED Patient Huddle/Safe to Start to ensure an appropriate chair/bed/mattress is provided. The Senior Nurse has ensured that the detail described is included in the daily staff brief and the department monthly meeting to ensure staff are aware of their responsibility and escalation when there are barriers or concerns.		
We identified the washing and toilet facilities within the EU were inadequate when patients were waiting for extended periods of time.	The health board is required to provide HIW with details of the action taken to review the provision of washing and toilet facilities within the EU, so these are appropriate and sufficient to meet the assessed needs of patients.	It is recognised that the current environment is not a purpose built Ambulatory Care Area and the concern identified is already on the Risk Register. -Staff improvise well with the available resources to ensure patients have their hygiene and toileting needs met. This includes accessing the single assessment rooms to ensure the required care is delivered.	Lead Nurse Unscheduled Care Senior Nurse ED	Achieved 29.09.2023

		<p>The new pathways described in Action 1 will support this improvement long term.</p> <p>-As described in the above action, any patient who is unable to independently transfer to the designated toilet or supported by the nurse is escalated via the EU Patient Safety Huddle and Safe to Start in order that the patient is prioritised for an inpatient bed.</p> <p>The Senior Nurses across the PCH site work closely and dynamically with the EU team to identify bespoke ways of influencing/supporting patient flow in order that the identified patients are prioritised. This includes evoking the Patient pre-emptive transfer, “sitting” patients out on inpatient wards to facilitate an earlier/prompt transfer from the EU.</p>		
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		The Head of Nursing and Senior Nursing Team are continually present operationally working proactively with the nursing teams to facilitate identification and prioritisation of these patients.	Head of Nursing	
We identified patients were not always having their assessed mobility needs met.	The health board is required to provide HIW with details of the action taken to meet the assessed mobility needs of patients accommodated in the EU.	As described in Action 1 the SDEC and Frailty pathways will support this action proactively and positively to support the deconditioning of patients waiting in the EU. The Nurse Director for Unscheduled Care with support from the Head of Flow has been leading work across the wards and ED/CDU teams have attended the training days for “RED2GREEN” in June 2023, with further training planned-whereby preventing deconditioning. -PJ Paralysis is integral to the quality improvement work.	Operational Management Team- Head of Patient Flow CSG Manager Medicine Head of Nursing Lead Nurse Unscheduled Care Nurse Director for Unscheduled Care Head of patient Flow Head of Nursing	Achieved 29.09.2023

		<p>This targets the review and prevention of iatrogenic harm through wasted opportunity to add value to the patient's hospital journey. This not only supports earlier discharges but improves patient outcomes. This also furthers MDT support for frailty at the front door with significant investment in physiotherapy staff to assess mobility needs in the EU.</p> <p>A Quality Improvement Project is being commenced whereby frailty is identified immediately on attendance to ED and appropriate assessment and signposting will be applied. This supports the new Frailty Pathway described in Action 1.</p> <p>A Frailty Consultant has been appointed for the PCH site and is key to the new models being introduced to support improved flow out of ED.</p> <p>2.0 wte Frailty Advanced Nurse Practitioners have been</p>	<p>Senior Nurse ED Senior Nurse CDU Head of Patient Flow</p>	
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appointed and awaiting start dates and will support the new pathway work as well as work closely with the ED team to improve knowledge and skill set

The Stay Well at Home Team are present 7 days in the EU to support early mobility assessments, are trusted assessors and facilitate early discharge.

The acuity in the different areas of the EU is reviewed in Safe to Start, where acuity is identified as high, staff are redeployed to the areas to support. This information is documented in order that an audit trail is present. During the HIW visit the internal escalation of the site was a level 4 with a risk of 16 and 20-there is evidence of staff being redeployed to the Ambulatory Area of EU. This forms part of dynamic staffing within the EU where staff are

		move flexibly by the senior nurse and head of nursing based on patient needs and acuity.		
We felt signage within the EU could be improved to help patients and their carers find the X-ray department and other areas independently.	The health board is required to provide HIW with details of the action taken to improve the signage within the EU to help patients and their carers find the X-ray department and other areas independently.	Cwm Taf University Health Board acknowledges the findings and we recognise improvements are required to provide assurances that there is good communication for patients to reduce any anxieties they may have in an unfamiliar environment. Due to the huge construction being undertaken very close to the EU and radiology footprint, signage can be challenging but is an absolute priority in order that patients do not become confused and understand the communication/signage that is in place. The senior leadership team are reviewing all current signage following the completion of significant	CSG Manager Medicine Ast General Manager	December 2023

		works between radiology and EU (completed 03.10.2023). In the meantime, temporary signage has been created to support patients as they move throughout the EU footprint, as there is work ongoing across Cwm Taf University Health Board to have consistent signage for the public served by the whole HB.		
We identified patients were experiencing long waits to be seen following triage. This was attributed to a lack of patient flow through the EU.	The health board is required to provide HIW with an update on the systems in place to improve patient flow through the EU.	We are currently reviewing through large organisational change, the operational structures that will be key to patient flow and ensure senior leadership is present on site and pan CTM Health Board. Through the 6 goals programme work we are progressing improved patient flow as this is a multi-professional/whole system approach involving our Local Authority colleagues.	Operational Management Team Head of Patient Flow Senior Nurse ED Lead Nurse Unscheduled Care	April 2024

The E White Board has been introduced across the organisation and this is key to patient flow and implementation of Red2Green as a quality metric for patient care. This will increase bed capacity through more efficient and sustainable processes where we explore value added time, measure internal and external delays and focus on marginal gains in length of stay. Consequently, this will improve flow through EU. As part of this work the senior team are also exploring the continuous flow model to review if this would be suitable for roll out across CTM.

The ED Team use the Myrddyn IT System which is monitored by the responsible teams and reviewed as part of the ED Patient Safety Huddles. When it is identified that Triage Times are beginning to

		<p>increase, there are internal escalation processes in place to ensure timely support and assessment of patients which additional staff being deployed to support.</p> <p>The ED Clinician Team will adopt a Rapid Assessment and Triage (RAT's) model to support any delays in triage, hence there will be senior assessment and streaming at the front door of patients.</p> <p>EU has recently recruited 2.8 wte Patient Flow Coordinators to support timely patient flow and escalation of patient flow delays.</p> <p>The USC group have developed updated Escalation Cards to support actions and provide assurances that ambulance delays are avoided. There are rigorous escalations in place, and when any patient is delayed over 4 hours an internal investigation is undertaken to provide</p>		
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		assurances that no harm has occurred.		
We identified the notice board used to record the names of patients in the Ambulatory Care area was located in the corridor and clearly visible to patients and visitors.	The health board is required to provide HIW with details of the action taken to reduce the likelihood of patient information recorded on the board used in the Ambulatory Care area being seen by patients and visitors.	This has been reviewed with immediate effect and only patient initials to be used for patients in the waiting room. Patients physically situated in EU ambulatory, initial and surname used to identify location and interventions required. The Senior Nurse for EU has reiterated the above actions and included in her daily briefs with the EU team.	Lead Nurse Unscheduled Care Senior Nurse ED	Achieved 29.09.2023
Patent feedback and comments indicated staff had not always updated them with progress on their care and treatment.	The health board is required to provide HIW with details of the action taken to provide patients with regular updates on their care and treatment.	The importance of timely and clear communication is fundamental to patient experience and this has been highlighted to the MDT as part of focus groups and staff training. Patients waiting in excess of 24 hours for a bed to be highlighted to NIC and Unit manager, clear communication with patient and relative (where necessary)	ED Lead Clinician Senior Nurse ED	Achieved 29.09.2023

		<p>to explain care plan and expected outcomes.</p> <p>Twice daily EU Senior Nurse walkarounds are undertaken to identify long wait patients, with appropriate clinical escalation as well as site escalation to maximise resource prudence and optimise length of stay as per the quadruple aim.</p> <p>For those patients waiting in the general waiting room-it is a key responsibility of the triage nurse and the assigned HCSW to provide regular updates-30 minute-1 hourly rounding's are undertaken to monitor the area, replenish fluids, identify any issues/concerns and provide updates.</p>		
We identified the 'Active Offer' was not always being delivered.	The health board is required to provided HIW with details of the action taken to deliver the 'Active Offer'.	Cwm Taf University Health Board acknowledges the findings and we recognise action has to be taken to deliver the "Active Offer" as	Lead Nurse Unscheduled Care Senior Nurse ED	April 2024

good communication has to be equitable for all our patients. Ensuring bilingual provision greatly impacts the experience of care Welsh-speaking patients have and in many cases Welsh language provision can also lead to better clinical outcomes.

Following the previous HIW review signage within each major's space was updated to ensure information relating to patients EU journey and next steps were bilingual.

The EU & CDU Senior Nurse is meeting with the HB's Welsh translator to ensure Welsh service users are identified and their needs met.

Providing the Welsh language to service users without our Welsh speakers needing to ask.

Bi-lingual development of an EU & CDU leaflet to ensure patient care trajectories are

		<p>understood by those accessing EU services.</p> <p>The Senior Nurse has reiterated to the teams the importance of staff receiving the correct uniforms who are Welsh Speaking as the icon is easily visible to our patients to support equitable and positive experience.</p> <p>The “Active Offer” checklist has been re circulated to the team in EU and the site as a whole.</p>		
<p>We identified patients did not always feel as involved as much as they wanted to be in decisions about their care.</p>	<p>The health board is required to provide HIW with details of the action taken to involve patients as much as they want to be in decisions about their care.</p>	<p>Within the department we ensure Multi-disciplinary decision making, inclusive of patient choice it at the forefront at all times for patients whilst in our care. Ongoing nurse-patient advocate and champion nurses identified across site to assist in this delivery, the improvement work being undertaken across the site is shaped around “nothing about</p>	<p>ED Lead Clinician Senior Nurse ED</p>	<p>Achieved 29.09.2023</p>

		me, without me.” Which reinforces patients being involved in decisions about their care.		
While the majority of patients told us they did not feel discriminated against, a few told us they did.	The health board is required to provide HIW with details of the action taken to ensure patients do feel discriminated against when accessing services.	The Head of Nursing chairs a monthly focus group (a meeting that operationalises the governance agenda for the whole site) to discuss and reinforce the use of the equality and diversity agenda. Including the nine protected characteristics as recognised by the Equality Act. There has already been the development of gender neutral facilities within the PCH site, but as work continues, this will be progressed further. For example: toilet facilities and hygiene maintenance areas are label free. Recent appointment of a Learning Disability specialist nurse, who attends Safe to Start, ensuring patients are identified and their care	ED Lead Clinician Lead Nurse Unscheduled Care Senior Nurse ED	Achieved 29.09.2023

		<p>outcomes have a truly holistic approach. Access to a variety of mechanisms to ensure communication is maximised for individualistic needs, already in place.</p> <p>Sharing of CTMUHB values and behaviours through communication across the MDT is regular and form part of each staff communication. This is also key to the staff appraisal process.</p> <p>Service users have the access to PALs service and putting things right to escalate any concerns. As well as access to clinical team members.</p> <p>In recognition of patient needs champion nurses are in place for pregnancy loss, learning disabilities, dementia, Welsh language and further emerging roles.</p> <p>The opportunity for staff to attend training days to improve knowledge and</p>		
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		experience to progress this agenda.		
The risk assessment provided to us did not include specific risk assessments for the mental health rooms or the Triage rooms.	The health board is required to provide HIW with details of the action taken to complete suitable risk assessments of the Mental Health Assessment rooms and the Triage rooms and develop action plans as appropriate to mitigate any risks identified.	Multiple MDT meetings being held with the care group service managers, clinical leads, nursing leaders, and personal safety advisor to identify risk across the EU footprint and ensure appropriate and timely escalation occurs. If patients are awaiting Mental Health review these are escalated via morning Safe to Start meeting with multi-professional colleagues. A risk assessment for ligature risk has been developed and awaiting approval-this will also be utilised across the inpatient wards.	ED Lead Clinician Senior Nurse ED	Achieved 29.09.2023
We identified suitable risk assessments were not always being recorded.	The health board is required to provide HIW with details of the action taken to ensure suitable risk assessments are completed and recorded in relation to patients	18 months ago the EU had the highest incidence of avoidable pressure damage across the Health Board.	Senior Nurse ED	Achieved 29.09.2023

	<p>developing pressure damage and in relation to patient falls. Suitable care plans are to be developed and implemented, where required.</p>	<p>Targeted work has been implemented to ensure the mandatory risk assessment is undertaken immediately on arrival to ED in order that appropriate intervention is put in place. This is captured via the AMAT audit tool in which we can see an improving trend.</p> <p>A Senior Nurse for Professional Education was appointed in March 2022 as part of the new Nursing Workforce Model. The staff member is integral to supporting staff education around pressure area care including completion of the Pressure Ulcer Training Module on ESR.</p> <p>A new pressure ulcer booklet has been devised by the Critical Care Team to support staff training and development. Each staff member has been provided with a copy and their</p>		
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		<p>compliance is being monitored.</p> <p>Pressure damage scrutiny meetings are in place and improvement work across PCH including ED with notable improvements in ED. All members of the nursing team are able to attend pressure Damage Scrutiny to support learning, this has been successful to date.</p> <p>A Tissue Viability Nurse has been resourced to work in ED once a week to support staff education and training to improve the standard of assessments, care planning and implementation of care. We have purchased a camera for all clinical areas in PCH including ED; with robust guidelines in place and includes support from Medical Illustrations to ensure consent-and supports grading of pressure damage. This can</p>		
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		<p>be accessed in and out of hours.</p> <p>The internal data has demonstrated continuous improvement in pressure area assessment and care in ED with significant reduction in avoidable pressure damage as well as identifying pressure damage present on arrival to ED.</p> <p>Pressure area audits are undertaken via AMaT and monitored hourly using the “Patient Safety Checklist”.</p> <p>-Any trends identified are discussed in the ED monthly meeting and the PCH monthly Focus Group meeting to ensure lessons are learned widely.</p> <p>Two Formal Study Days have been undertaken in the last 18 months and the Fundamentals of Care has been key to the agenda. There are 2 further Study Days arranged (by the Senior Nurse for Professional</p>		
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		Education) for October and December-these will incorporate Work Stations and Pressure Area Management is included.		
We identified broken and an inadequate number of nurse call bells within the Ambulatory Care area.	The health board is required to provide HIW with details of the action taken to ensure patients in the Ambulatory Care area have an adequate means to summon assistance, subject to a suitable risk assessment of this area.	Any broken nurse call button has been identified, reported to Estates and fixed. 20 remote call buttons have been procured and in line with IPC guidance for use across the EU The Senior Nurse has introduced a daily audit to ensure that all nurse call buttons are available for patient use and in correct working order.	Senior Nurse ED	Achieved 29.09.2023
We identified staff missed opportunities to wash their hands to prevent cross infection.	The health board is required to provide HIW with details of the action taken to improve staff compliance with the health board's policy for hand washing to help reduce cross infection.	IPC is a key priority for the MDT due to the clinical nature of the EU and the unknown attending. The report has been shared with the MDT to highlight the issues identified and to increase awareness of our personal responsibility as	ED Lead Clinician Senior Nurse ED	Achieved 29.09.2023

		<p>health professionals to ensure compliance with IPC policies and procedures.</p> <p>IPC champions have been identified in the EU</p> <p>Increased signage is available across the EU to raise awareness.</p> <p>Increased auditing of Hand Hygiene is being undertaken and trends monitored.</p> <p>Targeted training for the MDT and this is supported by the Senior Nurse for Professional Education.</p> <p>Training compliance is monitored 6 weekly via the Unscheduled Care Workforce Meetings-trends are monitored and actions for improvement.</p> <p>The nurse director commissioned an IPC audit with significant improvement demonstrated, compliance has increased to 90%</p>		
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<p>We identified gaps in the recording of stock checks of Controlled Drugs and gaps in the recording of fridge temperatures.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure: Controlled Drugs used in the EU are subject to regular stock checks Temperatures of fridges in the EU used to store medication are regularly recorded.</p>	<p>The Nurse in Charge and Unit Manager to check before Safe to Start, Senior Nurse to spot check daily. Allocation of staffing to reflect daily responsibilities as well as daily check lists. Since the previous HIW review of EU, a dedicated pharmacist has started who supports this work and data is captured via the AMAT audit tool. Non-compliance with this is captured via safe to start and a Datix is generated.</p>	<p>Senior Nurse ED</p>	<p>Achieved 29.09.2023</p>
<p>We identified the locks on two of the medicine cupboards needed to be repaired or replaced.</p>	<p>The health board is required to provide HIW with an update on the action taken to repair or replace the locks on the medication cupboards in the CDU.</p>	<p>There was an immediate make safe and both locks escalated following visit and have been repaired/replaced.</p>	<p>Senior Nurse ED</p>	<p>Achieved 29.09.2023</p>
<p>We identified HCSW were not aware of Patient Safety Notices relevant to their work area.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure all staff who need to be are made aware of Patient Safety Notices relevant to their work area.</p>	<p>Patient Safety Alerts are circulated from the Corporate Patient Safety Team and in turn via the Unscheduled Care Governance Team. The alerts and actions required are cascaded to the</p>	<p>Lead Nurse Unscheduled Care Senior Nurse ED</p>	<p>Achieved 29.09.2023</p>

		<p>EU and CDU MDT to cascade accordingly.</p> <p>The alerts are discussed and minutes available; in the department's monthly governance meetings.</p> <p>The Head of Nursing shares all alerts at the monthly Focus Group (a meeting that operationalises the governance agenda) and minutes.</p> <p>Any actions/evidence required is returned to the Corporate Patient Safety Team.</p> <p>The new EU Newsletter is used to share alerts with the MDT.</p>		
<p>We identified patients did not always have a recorded pain assessment and the records did not show evidence patient pain was being evaluated regularly.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure patients have their pain assessed and regularly evaluated.</p>	<p>Initiation of pain score audits by band 7 champion.</p> <p>Senior Nurse EU and CDU have sent wide communication to all staff around the recording and evaluation of pain scores.</p> <p>Pain team to continue with routine pain audits as per AMaT and this is also captured</p>	<p>Senior Nurse ED</p>	<p>Achieved 29.09.2023</p>

		via the patient safety checklist.		
We identified patient were not always having their assessed nutritional and fluid needs met.	The health board is required to provide HIW with details of the action taken to: provide patients with meals that are nutritionally balanced, appear appetising, served at a suitable temperature and that meet patients' individual preferences and needs provide patients with hot drinks at regular intervals provide patients with suitable assistance to eat and drink.	A full review of the catering model for CTMUHB is underway. With particular attention to the provisions and supply offered to patients within the EU. The menus introduced will ensure the nutritional analysis exceeds All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatient' for both nutritionally well and nutritionally vulnerable patients. The HB's Catering Model has been re circulated in order that staff understand their roles and responsibilities; key to the model is preparing the patients before the catering trolley attends the EU.	Lead Nurse Unscheduled Care Senior Nurse ED	April 2023
We identified staff trying to locate the clinical records of patients, which were either being used by other staff or temporarily unavailable.	The health board is required to provide HIW with details of the action taken to ensure patients' clinical and care records are readily available to staff when required.	Notes trolley instigated within Ambulatory care to ensure accessibility for clinical staff. Clinical lead to establish full access for medical team of	ED Lead Clinician Senior Nurse ED	Achieved 29.09.2023

		electronic systems and Unit Manager for nursing staff.		
Staff feedback indicated it would be beneficial to have additional staff working in the Triage and Ambulatory Care areas.	The health board is required to provide HIW with details of the action taken to review the staffing arrangements within the Triage area and the Ambulatory Care area. The health board is encouraged to engage with staff given the feedback and comments received by HIW in this regard.	Opportunity recognised for the fulfilment of a twilight triage staff member to offer cover within paediatrics and adult areas, covering surge for triage and ambulatory. - Immediate roster review has been initiated. The flexible deployment of staff occurs within the department in order to meet the tier 1 target of <15min wait for triage. The senior leadership team are also exploring E-Triage to allow digital enablers to initially assess all patient attending the EU, improving patient safety and allowing triage resources to be used for higher acuity patients.	Senior Nurse ED	Achieved 29.09.2023
Staff feedback and comments were mixed, and the health board must respond to these.	The health board is required to provide HIW with details of the action taken to respond to the less favourable staff feedback and	Staff are actively encouraged to disclose concerns and well-being worries to the Nurse in Charge, Unit Manager or	Ed Lead Clinician Lead Nurse Unscheduled Care Senior Nurse ED	Achieved 29.09.2023

	<p>comments described throughout this report.</p>	<p>Senior Nurse. Senior Nurse is a national advocate for civility saves lives and promoting psychological safety. CTM has strong MDT presence and leadership-BAME and a confidential email address to raise any concerns-this has been re circulated. -Staff are encouraged to attend training days to raise awareness-10.10.2023- Empowering Culture Intelligence. This is part of 'Speaking up Safely' which was shared and discussed in the nursing focus group held 28th September 2023.</p>		
<p>We identified staff compliance with some mandatory training needed to be addressed.</p>	<p>The health board is required to provide HIW with details of the action taken to improve staff compliance with Departmental Fire Safety (EU) and Mental Capacity and DoLS (CDU) training.</p>	<p>The Senior Nurse for Professional Education is key to progressing this agenda in EU and maintaining a database of training compliance and has developed a training needs analysis template.</p>	<p>Senior Nurse Professional Education</p>	<p>April 2024</p>

		<p>A plethora of study days, and protected study time for the inclusion of mandatory training and recovery of face to face study time has been provided.</p> <p>Ongoing training dates are in place with an improving picture which is monitored by the Nurse Director at bi-monthly workforce meeting. The Fire Officer has been undertaking bespoke training sessions for the PCH site weekly to improve compliance as part of the resetting post Covid-19 pandemic where training was unavailable as of Aug'23 fire training for staff is as follows</p> <p>ED-RN 72.85% HCSW 84% CDU-RN 97.50% HCSW 58.33%</p>		
We identified Violence and Aggression, Mental Capacity and DoLS training compliance was not recorded on the	The health board is required to provide HIW with assurance Violence and Aggression, Mental Capacity and DoLS training compliance is effectively tracked for the EU.	Monthly mandatory training study days and reports now include V & A, DoLS, medications management,	Senior Nurse Professional Education	April 2024

<p>mandatory training tracking system.</p>		<p>safeguarding and MCA training and compliance. Mandatory training compliance is monitored during the 6 weekly Workforce and Business meetings; trends are monitored for improvements, where there is deterioration-action plans are required. V&A compliance is recorded on the Mandatory Training database held by the Senior Nurse for professional Education.</p>		
<p>Just under 50% of staff who provided feedback and comments indicated the health board does not always take positive action on health and wellbeing matters.</p>	<p>The health board is required to provide HIW with details of the action taken to support staff with health and wellbeing matters and raise staff awareness of the help available.</p>	<p>We recognise improved and robust assurances are required to demonstrate compassionate leadership and management, where our staff feel listened to and supported. Civility saves lives ‘TEDtalk’ style delivery dates booked for 9th October 2023 and 4th December 2023 - site wide. Senior Nurse to acknowledge any staff well-being concerns</p>	<p>ED Lead Clinician Lead Nurse Unscheduled Care CSG Manager Medicine</p>	<p>Achieved 29.09.2023 And ongoing.</p>

		<p>and manage workload and allocation to best optimise staff outcomes.</p> <p>Implementation of new administrative role to free the Nurse in Charge up to offer real-time leadership and offer psychological safety.</p> <p>Formal debriefs are undertaken with psychologist support.</p> <p>Workforce & OD have a plethora of well-being and mindfulness that can be accessed-regularly cascaded to the teams as well as bespoke access to the Clinical Psychologist who is currently in touch with the MDT.</p>		
<p>While the majority of staff told us they did not feel discriminated against, a few told us they did.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure staff do not feel discriminated against at work.</p>	<p>There is continued work to progress the equality and diversity agenda headed by our Workforce & OD colleagues.</p> <p>Staff are encouraged to attend training days to raise awareness; for example-</p>	<p>ED Lead Clinician Lead Nurse Unscheduled Care CSG Manager Medicine</p>	<p>Achieved 29.09.2023</p> <p>And ongoing.</p>

		10.10.2023-Empowering Culture Intelligence.		
50% of staff told us they were either not confident or did not know whether their concerns would be addressed if they reported them.	The health board is required to provide HIW with details of the action taken to increase staff confidence that when they raise concerns, these will be addressed.	EU staff notice board and EU newsletter under development. Departmental meeting planned for 4 th October 2023. Band 7 meetings monthly. This also forms part of speaking up safely and the ongoing work around civility saves lives and psychological safety which is being championed by the senior nurse for EU. We also have a well-being champion who is available to support staff to raise concerns.	ED Lead Clinician Lead Nurse Unscheduled Care CSG Manager Medicine	Achieved 29.09.2023 And ongoing.
At the time of our inspection, we were told a new patient feedback system was to be introduced.	The health board is required to provide HIW with an update on the implementation of the patient feedback system and how staff will be made aware of the system and how feedback will be used to make informed decisions regarding the service provided.	We recognise improved and robust assurances are required to demonstrate that patient feedback systems are in place on order that patient experience can be continually reviewed and improved.	ED Lead Clinician Lead Nurse Unscheduled Care CSG Manager Medicine	April 2024.

		<p>Two new PALS officers have been recruited, and will specifically work within the EU footprint to support patient feedback and explore patient experience.</p> <p>The implementation of CIVICA-SMS (text) Service for ED Survey is in final stages of approval (Concerns Team)</p> <p>We are progressing the use of QR Codes to signpost patients promptly will be included in the above work.</p> <p>Boards are in development for each clinical area pan CTM which will allow patients the opportunity to “Have their Say”</p> <p>Volunteers have been recruited to support EU-patients and families, the service will commence mid October 2023.</p> <p>PCH Acute Services currently receives-1)Patient experience, comment report, 2)Monthly heat map, 3)Survey analysis,</p>		
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		4)Have your Say-as part of CIVICA		
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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): Emma James

Job role: Nurse Director Unscheduled Care

Date: 4th October 2023