

Hospital Inspection Report (Unannounced)

Paediatric Ward, Princess of Wales
Hospital, Cwm Taf Morgannwg
Health Board

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Princess of Wales Hospital, Cwm Taf Morgannwg Health Board on 26 and 27 September 2023. The following hospital wards were reviewed during this inspection:

- Paediatric Assessment Unit (PAU) - 4 beds providing an acute assessment service
- Paediatric Ward - 16 beds providing medical and surgical services
- Two additional monitored beds situated in the main corridor opposite the PAU which are not counted in the bed numbers and are used for treatment rooms.

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 four questionnaires were completed by patients or their carers and eight 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 two HIW Healthcare Inspectors, two clinical peer reviewers and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients and relatives provided very positive feedback about the care and treatment provided.

We found staff treated patients with respect and kindness, and overall made efforts to protect their privacy and dignity when providing care.

Patients appeared well cared for and we found staff responded promptly to patients' requests for assistance.

We saw a variety of health promotion information displayed on notice boards. However, this did not include information or signposting to specific services such as healthy eating.

We saw that meals were provided at regular intervals throughout the day. However, the choices of meals did not provide much variety. In addition, parents and carers did not have an allocated area where they could easily obtain drinks and snacks whilst staying with their children.

This is what we recommend the service can improve:

- Provide a wider variety of health promotion information
- Provide an area where parents and carers can access drinks and snacks
- Utilise the outdoor area for patients.

This is what the service did well:

- We saw many examples of staff treating patients with respect and kindness
- We found literature available in a variety of formats and languages including Welsh
- There was a Welsh Language Champion on the ward.

Delivery of Safe and Effective Care

Overall summary:

We found both the PAU and paediatric wards to be providing safe and effective care to patients. We found good arrangements in place to plan and implement

care. We also found good arrangements were in place to meet the nutritional and hydration needs of patients.

We found patient records to be well maintained and securely stored. However, there was lack of use of a formalised tool for the recognition and treatment of sepsis.

We found that improvements were required in the storage of medications and issues an immediate assurance notice as we found some medications to have expired.

Immediate assurances:

- Expired medication was found in the drugs storage room.
- Temperature checks had not been completed for the drug storage fridges
- Resuscitation equipment had not been routinely checked.

This is what we recommend the service can improve:

- Develop a system where medication and stock is checked regularly for expired items
- Consistently use a tool to aid the recognition and treatment of sepsis.

This is what the service did well:

- Comprehensive record keeping
- Appropriate infection control processes
- Swift pathway from the emergency department to the ward.

Quality of Management and Leadership

Overall summary:

We found a suitable management structure was in place with clear lines of reporting and accountability described and demonstrated.

Senior staff described a system of audit to monitor the quality and safety of services provided on the wards. We found this to be appropriate.

The health board had a comprehensive mandatory training programme with appropriate staff compliance.

We saw that the majority of staff had received an up-to-date appraisal.

This is what we recommend the service can improve:

- Consider the recruitment of a ward clerk to reduce workload for staff.

This is what the service did well:

- We found a good management structure in place with clear lines of reporting and accountability
- Staff training compliance was good for all topics
- We found the Safe Care programme a reliable tool to ensure there were safe staffing levels on the ward.

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

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of nine were completed. Patient comments included the following:

“Really quick pathway through from A&E to ward”

“Everyone is very nice the people make me feel comfortable”

“Staff are friendly and informative”

We asked what could be done to improve the service. Comments included the following:

“Only issue is the quality of food and the availability of food and drinks for parents”

Person Centred

Health promotion

We saw a wide variety of health promotion information available on display. Information on common ailments was displayed in the main corridor and leaflets were available on request in English and Welsh. However, we recommended adding information on healthy eating.

The health board should display information on healthy eating.

We were told smoking was not permitted anywhere within the hospital. This accordance with current legislation to help prevent disease caused by second-hand smoke.

Dignified and respectful care

During our inspection we saw many examples of staff treating patients with respect and kindness and making efforts to maintain their dignity.

Where patients were accommodated in multi-bedded bays, we saw dignity curtains were drawn. We also saw doors to toilet facilities were closed where personal care could take place. The feedback we received from patients and relatives was very positive with staff being described as 'very good'.

Patients appeared well cared for and suitably dressed in their own clothing or hospital gowns. We saw evidence that patients were having their pain measured, actioned and evaluated regularly using a suitable pain assessment tool.

Individualised care

Patients we saw appeared well cared for. We saw mobility equipment and a play room which contained specific developmental toys. However, access to the playroom had been limited since the Covid 19 pandemic and lack of play staff. There was an outdoor play area which was inaccessible due to an issue with seagulls. We were told that the managers were working toward a solution to utilise the space. We advise the health board improve the access to play equipment so patients are able to utilise the outdoor space.

Timely

Timely care

We found the care and treatments on the ward to be completed in a timely and calm manner. The ward was a calm yet busy environment with staff undertaking tasks and treatments with a structured and organised approach.

All patients who completed a patient questionnaire told us staff had provided care to them when they had needed it. All patients who completed the questionnaire agreed they always had access to a nurse call buzzer. When asked whether staff came to them when they used the buzzer, all patients agreed.

Equitable

Communication and language

We saw signage to help visitors find their way to and from the wards and to other wards and departments within the hospital. We found this was generally easy to follow. We were told that a translation service was available if required.

There was a wide range of information displayed including a 'You said, We did' board which showed the views of the children who had received care on the ward.

Rights and Equality

During our inspection, we found staff providing care to patients in a way that recognised their individual needs and rights. We saw that carers were present and were encouraged to be involved in care provision.

While there were restrictions in place, we were told patients were able to receive visits from relatives and friends. We were told that one parent or guardian could stay with the patient during their hospital stay. Reclining chairs were present by each bed for parents to stay overnight. However, parents were unable to access food and drinks without leaving the ward. We advise the health board provide an area where parents can access food and drinks during their stay.

Senior staff provided us with compliance figures showing that most staff had completed Equality and Diversity training as part of the health board's mandatory training programme.

Delivery of Safe and Effective Care

Safe

Risk management

We saw the ward was accessible to patients, staff and visitors with an intercom entry system for security. The ward was situated at ground level and easy to access from the main entrance of the hospital.

The ward areas were observed to be organised and free of clutter enabling manoeuvring of wheelchairs, stretchers and trollies. We found the wards to be clean and tidy. Domestic cleaning staff were present on the wards throughout our inspection.

Senior staff described suitable arrangements for the reporting, recording and investigating incidents and for providing feedback to ward staff.

During our record review, we saw appropriate care plans were in place according to the risk identified. Although sepsis recognition and treatment guidelines were followed, we advised using a formalised sepsis screening tool.

Infection, prevention, control and decontamination

The ward was found to be very clean and tidy. Equipment was cleaned in between patient use and placed in a designated store room. We saw that mattresses and beds were cleaned following patient use and were checked weekly. We saw cleaning staff were visible on both wards throughout the course of the inspection. The ward area was found to be in a good state of repair and furnishings allowed for effective cleaning.

We saw sufficient personal protective equipment and hand gel was available throughout the ward and staff were seen to be using it appropriately. We saw suitable means of isolation. We were told that if a patient required isolation to facilitate IPC then one of the cubicles would be used to perform barrier nursing.

Safeguarding of children and adults

Senior staff described suitable arrangements for responding to safeguarding concerns. We saw a current written policy and procedures were in place. These were in accordance with the Wales Safeguarding Procedures. Senior staff confirmed staff could contact the health board safeguarding lead for advice on safeguarding matters. We were told of a number of examples where safeguarding procedures had been successfully implemented.

Safeguarding training was part of the health boards mandatory training programme. Data provided by senior staff showed sufficient compliance with training for safeguarding adults and children.

Blood management

We found strict arrangements were in place to ensure the safe administration of blood products on both wards. Staff were also aware of the correct process in which to report adverse events relating to blood products.

Staff we spoke to were confident in the process of administering and monitoring of blood products including patient checks. We were told that a record of all staff competent in the administration of blood products was kept by the ward managers.

Management of medical devices and equipment

We saw a range of equipment was available to meet the assessed needs of patients such as and vital sign monitoring machines, beds and mobility equipment. Staff we spoke to agreed that they had access to the correct equipment to assist with patient care.

We saw equipment had labels to show when they required servicing and saw this was up to date.

Staff we spoke with were aware of the correct procedure to follow to report equipment found to be faulty. We saw staff cleaning shared equipment following use to prevent cross infection.

Medicines Management

We found that medications were prescribed, documented and administered correctly in line with the medicines management policy. Drugs were stored in locked cupboards in a drug storage and preparation room. However, we found several boxes of medication in an unlocked cupboard due to surplus stock. This was escalated to the ward manager and rectified on the day of the inspection this is referred to in Appendix A of this report.

During the initial tour of the environment, we found several expired medicine items. These were removed from the areas and this was escalated to the ward manager.

This issue was dealt with under HIW's immediate assurance process and is referred to in [Appendix B](#) of this report.

We saw that controlled drugs were checked daily and documentation completed. This was regularly audited, and we saw evidence of this on the AMAT database.

We noted an issue with the temperature within the drug storage room which we saw was listed on the wards risk register. The room did not have sufficient ventilation and during warmer weather conditions, the room temperature would rise higher than that required to store certain medications. In order to ensure the room temperature stayed within optimal range, the door to the room remained open. We saw risk assessments had been put in place and the estates department were working on a long-term solution. We were assured that medications were secure as the cupboards in the room were locked.

The Medicines management policy was found to be sufficiently robust. However, medication storage fridge temperatures were not consistently checked and recorded on a daily basis.

This issue was dealt with under HIW's immediate assurance process and is referred to in [Appendix B](#) of this report.

We also recommend that the health board display the escalation protocol to action in the event of the fridge temperatures falling outside of the recommended parameters.

The ward had a dedicated pharmacist and staff were able to access medication from the site manager out of hours. Staff stated they felt that they were able to access medications and were supported by pharmacy staff.

Effective

Effective Care

We saw evidence that services are arranged to ensure movement through pathways. We found that referrals were made to multi-disciplinary teams prior to discharge.

We found that there was good communication between staff including shift handovers and disseminating information throughout the team.

Staff we spoke to were aware of how to access the hospital's clinical policies and procedures to support them in their practice.

We saw a Patient Status at a Glance (PSAG) board was clearly displayed, which included patients initial and surname along with abbreviated information about the status of each patient to assist communication between members of the multi-disciplinary team.

Nutrition and hydration

Information regarding patient nutritional needs was given at handover and documented in the patient records. Parents provided assistance to children who required help to eat and drink. Patients were found to have access to water and hot drinks were served around meal times or on request.

We saw that meals were served in a timely manner and at regular intervals through the day. We saw that snacks were available on request and a vending machine could be used out of hours.

We found that nutritional needs were assessed as part of the fundamentals of care. The ward did not use any validated nutritional assessment tool.

Patient records

We found patient records were up to date and the notes showed evidence that care was being assessed and evaluated. Documentation was generally of a good standard. We found that records were kept securely in locked cabinets and accessible to all members of the multi-disciplinary team (MDT).

Efficient

Efficient

During our record review we found a smooth pathway through the emergency department to the ward. We saw that discharges were supported and discussed by the MDT with clear allocation of tasks and care needs. We were told that patients have a 24 hour open access following discharge from the ward or the Paediatric Assessment Unit (PAU).

Quality of Management and Leadership

Staff feedback

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

“Very proud to work within an excellent team that looks after each other as well as the patients”

We asked what could be done to improve the service. Comments included the following:

“Urgently need ward clerk as none currently and we are expected to do this on top of our current work load”

“Estates take too long to fix simple issues in the areas. A lot of focus on ticking boxes and doing your checks and not the actual patients”

“Outside gardening services are poor many public areas completely overgrown. Many wards in poor repair”

Leadership

Governance and Leadership

We found a suitable management structure was in place and clear lines of reporting and accountability were described and demonstrated. Senior staff confirmed they visited the ward regularly and were available to provide advice and support the ward managers and ward teams.

Senior staff described a system for audit and provided examples evidencing this process. We saw that a variety of audits had been undertaken which included a ward visit audit completed by an external auditor.

We saw good quality and safety monitoring arrangements on the ward. Suitable arrangements were described for sharing relevant information and updates to policies and procedures with the wider ward teams.

During the review of health board policies we found that the majority of policies required review.

We recommend the health board review all relevant policies to ensure they are in line with current guidance.

During our inspection, managers engaged positively and cooperatively with the HIW inspection process. They demonstrated a commitment to learn from the inspection and make improvements as appropriate.

Workforce

Skilled and Enabled Workforce

We saw doctors, nursing staff, allied health professionals, healthcare support workers, administration staff, catering/hostess staff and domestic staff working on both wards.

During our inspection the staffing levels and skill mix on both wards appeared appropriate to meet the assessed needs of patients. We were told bank staff were used to cover any shortfalls in staffing that could not be covered by members of the ward team.

The ward manager told us they used the digital programme Safe Care to ensure the correct number of staff were present for the level of acuity on the ward. This was completed twice daily at the change of shift and could also be updated at any point during the shift where there was a change in staff or patient situation.

Details of staff were displayed on a board at the entrance to the ward where patients and visitors could clearly view them. This included the staff members name, role and what colour uniform they wear.

Staff we spoke to said they were confident with who to report concerns to and when.

We requested details of mandatory staff training. Compliance was good for the majority of topics with over 85% of staff having completed the training.

We saw evidence that all staff receive an annual appraisal which was documented and recorded in individual staff files. Staff meetings are held every four months with the opportunity to perform meetings more regularly if necessary.

Staff described the process in which incidents would be reported which included completion of Datix incident report.

Culture

People engagement, feedback and learning

We saw that managers were visible on both wards and seen to be friendly and professional. We saw managers were involved in delivering care and assisting with hand overs and medical ward rounds.

The ward followed the Putting Things Right complaints process. We were told that the majority of complaints received were regarding quality of food. Managers told us that complaints were documented in patients notes and on the Datix system. Complaints were captured in a database and investigated by the ward managers and putting it right team. The ward managers shared learning through safety briefings, emails and via the ward Whatsapp group.

Learning, improvement and research

Quality improvement activities

Staff provided evidence of research programmes into rare diseases and also demonstrated how the ward takes part in clinical trials for diabetes and endocrine diseases. We were told that as a result of this, diabetes markers were lower in POW, than the national average.

Whole system approach

Partnership working and development

We were told that the ward interacts with system partners such as Ty Hafan Children's Hospice in addition to other paediatric centres for specialist diseases. We saw specialist nurses present on the ward who liaise with outside partners to provide education and updates to staff.

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
During our inspection we found the milk storage room was unlocked.	This posed a risk of potential unauthorised access.	This was immediately escalated to the ward manager.	The room was locked and secured immediately. Staff were instructed to ensure the room remained locked.
During our inspection we found medication and COSHH equipment within an unlocked cupboard.	This posed a risk of unauthorised access to medication which could lead to harm.	This was immediately escalated to the ward manager.	This was immediately escalated to the ward manager and both medication and COSHH items were moved to a locked cupboard.

Appendix B - Immediate improvement plan

Service: Princess of Wales Hospital, Paediatric Ward

Date of inspection: 25 & 26 September 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
<p>HIW was not assured that medication management processes are sufficiently robust and safe. We highlighted the following serious issues, which require immediate action by the health board:</p> <ul style="list-style-type: none"> - During our inspection of the medication storage room we performed a random check of drugs and found several boxes of expired medication. 	Standard 2.6 Medicines Management	<ul style="list-style-type: none"> • Meeting held with Pharmacy colleagues 29/9/23 to establish robust plan ensuring rotation of medication on a monthly basis. • This will be reviewed and audited on a 3 monthly basis by the ward manager. See attachment below, which will be completed 	Senior nurse Ward manager	Actioned 1/10/23 Review in 3 months

This posed a risk of harm to patients where expired medication may be administered.

- Temperatures of the drug fridges were not being consistently checked to ensure drugs are kept viable for use. In addition, was not clear what action staff should take in the event that the temperatures fell outside of the recommended parameters.

The health board must provide HIW with details of how it will ensure that medication is stored in line with regulations, national and local guidelines, standards and policies, and there is a robust process in place to check expiry dates of medication.

and audited as part of this process.



Ward Medicine
Date Checking Matr

- CTMUHB storage of medication policy cascaded to all staff and highlighted at staff meetings.
- HIW safety briefing also cascaded to all staff and will reinforce at staff meetings for learning purposes.

Ward Manager

Actioned
1/10/23



Medicines Storage
in Hospitals Procedu





Safety briefing to
all staff October 23.

- New documentation compiled to check temperature of fridge for daily fridge checks. New document embedded in Medicines storage in Hospitals procedure (Appendix A)



Medicines Storage
in Hospitals Procedu

- Above information cascaded to staff
- Compliance will be audited monthly.
- New QR code developed for checking fridge temperatures.
- This will be piloted for the next 3 months and audited by ward manager

		 <p>QRCode for Medicines Fridge Data</p> <ul style="list-style-type: none"> • Sign put on fridge door identifying actions to be taken if fridge temperature falls out of the acceptable parameter. This is follows documentation in the medicines management policy as above. 		
<p>Resuscitation trolley checks had not been completed in line with Health Board procedure and Resus UK guidance. This poses a patient safety risk due to the potential for equipment to be missing and not immediately available when required in an emergency.</p> <p>We found evidence of persistent gaps on the resuscitation trolleys located within the</p>	<p>Standards 2.1 / 2.9</p>	<ul style="list-style-type: none"> • Checking of the resuscitation trolley is on the nurse in charge check list. Attachment below.  <p>NIC safety briefing.docx</p>	<p>Senior staff nurses / Ward manager</p>	<p>Actioned 1/10/2023 Reviewed monthly via audit</p>

Paediatric Assessment Unit and ward area of the Paediatric Ward.

The Health Board must ensure that checks are completed and logged at all times, and that there are robust mechanisms in place to identify and rectify when checks are not completed or logged.

- CTMUHB have safe to start meetings daily where safety checks are identified This is included in the NIC safety check attached above
- All staff to be reminded of their patient safety checks which need to be undertaken daily.
- The Health board have an audit system named AMaT, where it identifies resuscitation checks. This is completed monthly by senior nurses on the ward

Immediate action HIW safety briefing shared with all staff, as above.

- Maternity and Neonatal colleagues are piloting

Senior staff nurses / Ward manager
Senior staff nurses / Ward manager

Senior staff nurses / Ward manager

Ward Manager

Actioned
1/10/2023

By end Nov
2023

QR code system for checking resuscitation trolley. Childrens ward plan to implement same. See further information below. Digitalisation of equipment checks presentation



Digitalisation of equipment Checks-

- All patient safety audits to be captured via AMaT system monthly and compliance monitored at the CYP monthly safety and effectiveness service level meetings.



CYP Assurance Framework Final Set

By end of Oct 2023

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: POW Paediatric Ward

Name (print): Gail Clack

Job role: Head of Nursing Children and Young People

Date: 3 October 2023

Appendix C - Improvement plan

Service: Princess of Wales Hospital, Paediatric Ward

Date of inspection: 25 and 26 September 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 additional health promotion information was required.	The health board should display information on healthy eating and smoking cessation.	Health promotion board on display on Childrens ward. Healthy diet and smoking risks, with signposting for additional advice and support will be added to the health promotion board.	Ward Manager	December 2023
We identified a large number of policies that required review.	We recommend the health board review all relevant policies to ensure they are in line with current guidance.	All Paediatric policies are available on Cwm Taf Morgannwg (CTM) SharePoint site. The Children and Young People Care Group (CYP) will re-establish a monthly policy-working group where policies	Practice Development Nurses (PDN's) Advance Paediatric Nurse Practitioners	April 2024

		will be reviewed to ensure they are in line with current guidance.	(APNP'S)Senior nurses	

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): Gail Clack

Job role: Head of Nursing Children & Young People

Date: 22/11/2023

