

Hospital Inspection Report (Unannounced)

Island Ward, Noah's Ark Children's
Hospital, Cardiff and Vale University
Health Board

Inspection date: 27 and 28 November 2023

Publication date: 28 February 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-657-5

© Crown copyright 2024

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.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	17
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	32

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 Noah's Ark Children's Hospital, Cardiff and Vale University Health Board on 27 and 28 November 2023. The following hospital wards were reviewed during this inspection:

- Island Ward - 24 beds providing paediatric medicine services.

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 19 questionnaires were completed by patients or their carers, and 17 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. This included comments in our questionnaire to highlight the staff on the ward, where the staff were described as 'exceptional' and 'amazing'.

It was positive to find a range of equipment and activities, to support childrens' individual needs. This included mobility equipment for children with disabilities, and developmental toys for children with additional needs.

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

Patients appeared very 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 for common health disorders such as diabetes and asthma.

We saw that meals were provided at regular intervals throughout the day. Parents were able to access food and drinks at one of the two parent kitchens on the ward.

This is what we recommend the service can improve:

- Provide information on healthy eating and smoking cessation.

This is what the service did well:

- We saw many examples of staff treating patients with respect and kindness
- We saw play areas were well equipped and maintained.
- We found they offered a wide variety of food options and parents had access to two kitchens to make hot drinks and snacks.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care on Island ward to be safe and effective. We found good arrangements in place to plan and implement care in the form of risk assessments, verbal handover and care plans. We also found good systems in place to meet the nutritional and hydration needs of patients.

We found patient records to be well maintained. However, improvement were required on the secure storage of medical notes.

Infection, prevention and control procedures (IPC) were found to be adequate. The ward was clean, tidy and free of clutter. The ward and equipment was well maintained, and the surfaces allowed for adequate cleaning.

We found improvements were required in the storage of certain types of medication. This was rectified at the time of the inspection and a system was put in place, where expiry dates were added to reconstituted oral medications.

We saw the ward had a mental health nurse who provided valuable training and information sharing to the ward staff.

Immediate assurances:

- Resuscitation equipment was not routinely checked
- Drug storage fridge temperature checks were not consistently performed
- Milk storage fridge temperature checks were not consistently performed.

This is what we recommend the service can improve:

- Ensure the appropriate use of Personal Protective Equipment
- Ensure medical records are stored securely
- Consider patient confidentiality when using full names on Patient at a Glance boards.

This is what the service did well:

- We saw medical records were well maintained and included detailed care plans
- We saw plans in place to ensure streamline transitions for patients returning home
- We found thorough risk assessments from the Child and Adolescent Mental Health Service (CAMHS) with information communicated to the ward nurses.

Quality of Management and Leadership

Overall summary:

We found evidence of good leadership on the ward, and managers engaged very positively during the inspection process. The staff were keen to learn from the process, and were very responsive when we raised any concerns.

The responses from our staff questionnaire were fairly positive, although some concerns were raised regarding staffing pressures. However, it was clear from

speaking with staff there was a strong commitment to providing a good standard of care to patients.

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. It was positive to find a good compliance rate, where 85% of staff had undertaken the necessary training.

This is what we recommend the service can improve:

- The health board should display feedback provided from staff surveys
- The health board should display the Putting Things Right process in the ward area.

This is what the service did well:

- Good leadership where managers were visible and approachable
- We found managers to have a proactive approach to staffing where the hospital is viewed as a whole
- We saw well-structured and well attended safety briefings, which were communicated to wider staff groups.

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 19 were completed. Patient comments were very positive, and included the following:

“Staff care is exceptional”

“All the staff are absolutely amazing. We love the fact they always go above and beyond.”

“The staff are very nice and they always make sure that I’m happy and safe”

We asked what could be done to improve the service. Some concerns were raised regarding communication, which included the following:

“Main concern is always communication between teams and staff and also us parents”

“Communication is less than satisfactory”

Person Centred

Health promotion

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

The health board should display information on healthy eating and smoking cessation.

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' when asked to rate the service they have received.

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

We saw mobility equipment was available to suit the needs of children with disabilities. A playroom was available, which contained specific developmental toys for children with additional needs. There were also toys and computers available for a range of age groups. We saw that regular activities were arranged such as music therapy, which can help promote childrens' well-being during inpatient care. The play areas were found to be clean and tidy with cleaning schedules kept. There was an outdoor play area in the grounds of the hospital which was well equipped and tidy.

Timely

Timely care

We found the care and treatments on the ward to be completed in a timely and calm manner. Although the ward was busy, it was a relaxing environment. We observed 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. This 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 and pulldown beds were present by each bed for parents to stay overnight. Parents were able to access food and drinks without leaving the ward in one of the two parent kitchens.

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 on the second-floor level, and it was easy to access via lifts or stairs from the main entrance of the hospital.

We found the ward areas were tidy and free of clutter. This allowed sufficient space where needed to manoeuvre wheelchairs, stretchers and trolleys.

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. This included a paediatric pressure screening tool. We saw appropriate use of sepsis recognition and treatment guidelines and a formalised sepsis screening tool.

Infection, prevention, control and decontamination

The ward appeared very clean and well maintained. Equipment was cleaned in between patient use, and placed in a designated store room when not in use. 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 PPE and hand gel was available throughout the ward. However, we saw instances of inappropriate use of PPE, where staff had not removed their gloves and apron on leaving the clinical areas.

The health board should ensure staff are aware of the correct use of PPE in relation to donning and dothing.

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. We were told that the safeguarding team are easily accessible and regularly attend MDT meetings to plan and implement care.

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. 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. However, we found some equipment required up to date servicing. This was escalated at the time of the inspection and completed during our visit. This is referred to in Appendix A of this report.

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.

We found resuscitation equipment located in an accessible central area on the ward. We saw pictures of equipment displayed in this location to make it easy for staff to identify pieces of equipment quickly if required in an emergency. We highlighted this good practice.

We identified that resuscitation equipment had not been routinely checked daily. We highlighted this as an area for immediate improvement. Resuscitation trolley checks had not been completed in line with Health Board procedure and Resus UK

guidance. We found evidence of persistent gaps on the resuscitation trolleys located within the ward.

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

Medicines Management

We found that medications were prescribed, documented and administered correctly in line with the medicines management policy. Drugs were stored in a locked drug storage and preparation room. However, during the inspection we found several expired medicine items. These were removed from the areas and this was escalated to the ward manager and rectified on the day of the inspection. We found the swift response and actions to our requests very positive. Managers were implemented a new process to ensure reconstituted medicines during our visit. This is referred to in Appendix A 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 audit database.

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 effective movement through care 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 safety briefings. Arrangements were in place to disseminate the information throughout the wider teams. We found thorough risk assessments from the Child and Adolescent Mental Health Service (CAMHS) with information communicated to the ward nurses.

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. This included picture symbols showing the status of each patient, to assist communication between members of the multi-disciplinary team. However, patients' full names were used and therefore did not protect the confidentiality of patients.

The health board should consider using a patient's initial rather than full name to protect confidentiality.

Nutrition and hydration

Information regarding patient nutritional needs was given at handover and documented in the patient records. Parents were able to provide 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 used a validated nutritional assessment tool to assess the individual needs of each patient.

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. Records were accessible to all members of the multi-disciplinary team (MDT). However, we found that records were not kept securely and confidentially.

The health board should ensure records are kept securely in locked cabinets and not left unattended.

Efficient

Efficient

During our record review we found a straightforward pathway through the emergency department to the ward. We saw that discharges were effectively 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.

Quality of Management and Leadership

Staff feedback

Responses from staff were fairly positive, with most respondents being satisfied with the quality of care and support they give to patients (11/17). Most agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family (12/17). Over half of respondents told us they would recommend their organisation as a place to work (10/17).

Staff comments included the following:

“I feel proud to work at the children’s hospital for Wales and extremely proud of the care that we provide to our children and families. Despite the challenges we face in the NHS, we are still always pushing forward to improve patient experience.”

“With low staffing and high demands of patient care it is usually difficult to provide quality patient and family care. There is a big problem with equipment on the ward. For example, we are constantly looking for sats probs to obtain observations. We also struggle to borrow off other wards due to the same situation.”

“The organisation puts patient care foremost.”

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 are recorded on an online database.

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 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 a wide range of staff working on the ward. This included: doctors, nurses, allied health professionals, healthcare support workers, administration staff, catering/hostess staff and domestic staff.

During our inspection the staffing levels and skill mix 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. We found managers to have a proactive approach to staffing where the hospital is viewed as a whole.

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 regularly with the opportunity to perform meetings more regularly if necessary.

Staff had a clear understanding of how to report incidents. 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 the ward 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. Literature was available on request. However, details of this were not displayed on the ward.

The health board should ensure details of the complains policy are displayed on the ward.

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.

Whole system approach

Partnership working and development

We were told that the ward interacts with key partners such as local authorities and outside health boards to safely repatriate or discharge back to the community. We saw this demonstrated during our inspection where domiciliary carers were invited to shadow the ward nurses in order to familiarise themselves with a patients care routine. 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 expired equipment in the store room.	This posed a risk of potential use on patients which may have led to harm.	This was escalated immediately to the ward manager and lead nurse.	All expired equipment was removed from the store room and a full stock check took place. A system of checking stock was developed and assurance given to HIW.
During our inspection we found expired medication in the drugs preparation room.	This posed a risk of potential administration to patients which may have led to harm.	This was escalated immediately to the ward manager and lead nurse.	All expired medication was removed and a meeting held with pharmacy staff to agree a process where medication is labelled with expiry date only and disposed of after this date.

Appendix B - Immediate improvement plan

Service: Noah's Ark Children's Hospital, Cardiff

Date of inspection: 27 and 28 November 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>Resuscitation trolley checks had not been completed in line with Health Board procedure and Resus UK guidance.</p> <p>We found evidence of persistent gaps on the resuscitation trolleys located within the ward.</p>	<p>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>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.</p>	<p>The Health Board policy and the requirement to perform resuscitation trolley and defibrillator checks has been reiterated to all staff through established twice daily safety briefings.</p> <p>The audit and assurance actions which have been taken and will continue are set out below:</p> <ol style="list-style-type: none"> 1. The required completion of 	<p>Ward Sisters and Deputy Sisters</p> <p>Ward Sisters</p>	<p>Complete</p> <p>Complete</p>

		<p>checklists will be reinforced to staff at twice daily on ward safety briefing. Additionally, every ward in the CHFW have the required checklist records in place and have been briefed on the required completion action. This will remain on safety briefings until audits demonstrate embedded practice.</p> <p>2. Whilst audit questions concerning daily resuscitation equipment checks were previously included in the monthly Tendable audits, they have now been rephrased. This adjustment, which will be made across the whole UHB, is to ensure that we can evidence</p>	<p>The Quality and Safety Lead for Acute Child Health and UHB Senior Nurse for Professional Standards</p>	<p>Complete</p>
--	--	---	---	-----------------

		<p>4. The C&V resuscitation department are currently scoping a digital solution for recording resuscitation audits in several adult areas. It is hoped that this new system will enable routine resuscitation trolley checks to be carried out digitally including the external devices of defibrillators. The feasibility of implementing such a system into the children wards is not yet known, however should this be come an operational reality the Director of Nursing will this is implemented at pace.</p>		
Temperatures of the drug fridges were not being	The Health Board must ensure that checks are completed and logged at	The Health Board policy and the requirement to perform	Ward Sisters and Deputies	Complete

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.

all times, and that there are robust mechanisms in place to identify how staff can escalate when temperatures fall outside of optimal parameters.

drug fridge temperature checks has also been reiterated to all staff through established twice daily safety briefings.

The audit and assurance actions which have been taken and will continue are set out below:

1. The requirement to check ward drug fridge temperatures has been reinforced to staff via the twice daily on ward safety briefings. This will be a focus on safety briefings until Tenable audits demonstrate embedded practice.
2. A guidance document is being developed to ensure that staff know what actions to undertake if the fridge

Ward Sisters and Deputies

Complete

Director of Nursing Children and Women's Clinical Board

8th December 2023

temperature falls outside the accepted range. This document will be stored with every medication fridge in the Children's Hospital for Wales.

3. Whilst audit questions concerning drug fridge checks were previously included in the monthly Tendable audits, they have now been rephrased. This adjustment, which will be made across the entire UHB, is to ensure that we can evidence uniformity of daily completion and logging throughout a monthly period is embedded.

4. A supplementary 'spot check' Tendable audit has been created to ensure compliance with

The Quality and Safety Lead,
Senior Nurse,
Lead Nurse

Ward Sister

Complete – ongoing monitoring

January 2024

		<p>all highlighted standards from the inspection (milk fridges, drug fridges and resuscitation equipment checks). This additional audit will be conducted at least twice a month on Island ward until compliance with standards is consistently demonstrated. This audit will be replicated across all wards in CHFW.</p>		
<p>Temperatures of the milk fridges were not being consistently checked to ensure milks are kept viable for use. In addition, was not clear what action staff should take if the temperatures fell outside of the recommended parameters.</p>	<p>The Health Board must ensure that checks are completed and logged at all times, and that there are robust mechanisms in place to identify how staff can escalate when temperatures fall outside of optimal parameters.</p>	<p>The Health Board policy and the requirement to perform milk fridge temperature checks has also been reiterated to all staff through established twice daily safety briefings.</p>	<p>Ward Sister</p>	<p>Complete - ongoing monitoring</p>

		<p>fridges. To facilitate immediate use the SOP has been shared widely for approval prior to ratification in the Directorate Q&S Forum.</p> <p>3. Milk fridge monitoring questions will be added to monthly Tendable Audits to provide assurance that all appropriate checks are being completed.</p> <p>4. A supplementary 'spot check' Tendable audit has been created to ensure compliance with all highlighted standards from the inspection (milk fridges, drug fridges and resuscitation equipment checks). This additional audit will be undertaken at least twice a month on Island ward until compliance with standards is consistently</p>	<p>The Quality and Safety Lead, Senior Nurse, Lead Nurse</p> <p>Ward Manager</p>	<p>Complete - Ongoing monitoring</p> <p>January 2024</p>
--	--	--	--	--

		demonstrated. This audit will be replicated across all wards in CHFV.		
--	--	---	--	--

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): Andy Jones

Job role: Director of Nursing/Midwifery Women and Childrens Clinical Board

Date: 06/12/2023

Appendix C - Improvement plan

Service: Noah's Ark Children's Hospital, Cardiff

Date of inspection: 27 and 28 November 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
	The health board should ensure staff are aware of the correct use of PPE in relation to donning and dothing.	1. The Childrens Hospital for Wales follows the national protocol for donning and doffing as per the National Infection Prevention and Control Manual held by Public Health Wales. 'The best practice: Putting on and Removing PPE' (Appendix 1) guidance will be re-enforced with staff through Lead Nurse Q&S Lead for ACH Ward Sister and Deputies Complete and ongoing twice daily safety briefings.	Lead Nurse Q&S Lead for ACH Ward Sisters & Deputies	Complete and ongoing

	<p>2. The Practice Educator will maintain a staff log demonstrating all staff are aware and are confident with 'The best practice: Putting on and Removing PPE guidance' providing additional teaching if and when required.</p> <p>3. The Policy and Guidance will be shared with all new starters, evidence of which will be recorded on the log maintained by the ward Practice Educator.</p>	<p>Practice Educator</p> <p>Practice Educator</p>	<p>February 23rd 2023</p> <p>Complete/ongoing</p>
<p>The health board should ensure records are kept securely in locked cabinets and not left unattended.</p>	<p>1. Lockable notes trolleys are now in use across the Noah's Ark Childrens Hospital for Wales.</p>	<p>Lead Nurse Q&S</p> <p>Lead for ACH</p> <p>Ward Sister and Deputies</p>	<p>Complete</p>
<p>The health board should consider using a patients initial rather than full name to protect confidentiality.</p>	<p>1. Following communications of planned changes, as of the 12 the January patient initials are now used on all ward</p>	<p>Lead Nurse Q&S</p> <p>Lead for ACH</p>	<p>Complete</p>

	<p>name boards across the Noah's Ark Childrens Hospital for Wales.</p>	<p>Ward Sister and Deputies</p>	
	<p>2. Clear reminders have been placed on all name boards to ensure only patient initials and NOT full names are to be displayed.</p>	<p>Lead Nurse Q&S Lead for ACH Ward Sister and Deputies</p>	<p>Complete</p>
	<p>3. A Tendable Audit is to be devised within the Lead Nurse Q&S Lead for ACH Ward Sister and Deputies Lead Nurse Q&S Lead for ACH Ward Sister and Deputies Complete Complete Care Specific Audit program to ensure that we can provide evidence for assurance of ongoing compliance for the management of name boards. This audit will be completed every three months on a rolling audit program.</p>	<p>Informatics Nurse for Paediatrics</p>	<p>March 2024</p>

	<p>The health board should ensure details of the complains policy are displayed on the ward.</p>	<p>1. Posters have been produced by the patient experience team (Appendix 2) to ensure patients and families are aware of the concerns process and how to raise a concern. These are now displayed within key areas - Patient information Boards and Parents Room.</p>	<p>Lead Nurse Q&S Lead for ACH Ward Sister and Deputies</p>	<p>Complete</p>
--	--	--	---	-----------------

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): Mr Andy Jones
Job role: Director of Nursing
Date: 12th January 2024

