

Hospital Inspection Report (Unannounced)

Emergency Department, University
Hospital of Wales, Cardiff & Vale
University Health Board

Inspection date: 4, 5 & 6 March 2024

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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.



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	18
4. Next steps.....	21
Appendix A - Summary of concerns resolved during the inspection	22
Appendix B - Immediate improvement plan.....	23
Appendix C - Improvement plan	28

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at the University Hospital of Wales, Cardiff and Vale University Health Board on 4, 5 and 6 March 2024. The following areas were reviewed during this inspection:

- Emergency Department
- Clinical Decisions Unit
- Paediatric Emergency Department.

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 12 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 three HIW Healthcare Inspectors, three 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:

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

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

We found that the environment within the Emergency Department had improved since the last inspection of June 2022 and upheld the privacy and dignity of patients. Comments from staff also indicated they felt the environment had improved and promoted dignified care for patients.

The Welsh language was well promoted within the Emergency Department. We saw a range of leaflets available for post discharge advice, however, there was a lack of health promotion advice displayed.

While information on 'Putting Things Right' was available, this was not prominently displayed in the Emergency Department.

This is what we recommend the service can improve:

- The health board should ensure health promotion information is displayed in patient areas
- The health board should display information on the layout of the department including patients pathway.

This is what the service did well:

- The environment promoted privacy and dignity
- Staff were seen to treat patients with respect
- The Welsh language was promoted throughout the department.

Delivery of Safe and Effective Care

Overall summary:

The department had been recently refurbished and the clinical areas had been relocated. We found the physical environment of the Emergency Department was well laid out and maintained to an appropriate standard. However, we did note doors leading to other parts of the hospital needed repair.

In the Emergency Department, patient records we reviewed generally showed that nursing staff had assessed patients for their risk of developing pressure ulcers and provided skin care. Records also showed that nursing staff had assessed patients for their risk of falls.

We found suitable processes were in place to prevent healthcare acquired infections and surfaces allowed for appropriate cleaning.

We saw a digital process in place to check emergency equipment and checks were being conducted regularly. However, we found one medication fridge in the majors area that had not had regular temperature checks.

We were not assured that medicines were being checked regularly for expiration dates.

We were not assured that medical equipment were being appropriately serviced and calibrated to ensure patient safety.

Staff told us that generally they did not have easy access to the equipment they needed such as thermometers and vital sign recording machines.

Senior staff described a number of initiatives were ongoing to develop and improve the service to patients. We were told that the Rapid Assessment and Treatment Zone (RATz) service has been very positive in reducing waiting times for appropriate patients.

Immediate assurances:

- Expired medication was found in the resus drugs room
- Fridge temperature checks were not consistently undertaken in the majors medication fridge
- We were not assured that equipment servicing was effectively completed.

This is what we recommend the service can improve:

- The health board should ensure there is a sufficient amount of monitoring equipment available to staff
- The health board should ensure repairs are carried out on doors leading to other areas of the hospital.

This is what the service did well:

- Appropriate processes were in place to ensure adequate infection control
- The clinical decisions unit provided an area where patients requiring longer stays can do so away from the main ED
- Initiatives were described to improve the service to patients.

Quality of Management and Leadership

Overall summary:

A suitable management structure was in place and senior staff described clear lines of reporting. Managers were found to be visible and appeared supportive.

We saw evidence of new initiatives to increase staff retention, including an induction pathway for new staff which was supported by a preceptorship nurse. This included shadowing experienced staff, completing competencies and training over a twelve-month period.

We found relevant audits were being conducted, however, the results of these were not displayed within the department.

We found that compliance rates for mandatory training were generally appropriate. However, compliance rates were low for fire safety, Basic Life Support (BLS) and Paediatric Immediate Life Support (PILS).

Twenty three staff responded to our staff questionnaire. Responses were mixed, with most of those who answered being satisfied with the quality of care and support they give to patients. Some staff provided comments on how the service could be improved.

This is what we recommend the service can improve:

- The health board should consider displaying audit results.
- The health board should consider comments made by staff in HIW's staff survey
- The health board should work to improve compliance rates in training for fire safety, Basic Life Support (BLS) and Paediatric Immediate Life Support (PILS).

This is what the service did well:

- There was a suitable management structure in place
- Managers were visible within the department providing senior support
- The induction process was robust and supportive for new staff.

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 12 were completed. Responses were positive across most areas, with most rating the service as 'very good' (4/12) or 'good' (6/12). We received comments about the service and how it could improve.

Patient comments included the following:

"The staff have all been amazing. Thank you for your professionalism and thorough care."

"Patient care suffers after shift handover; notes were temporarily misplaced and patients left 'forgotten' until family intervened. A&E staff are brilliant, but over worked!"

"I could see the staff were working exceptionally hard, the service appeared really stretched with all the patients in the emergency department. It must be really difficult and the government should be investigating more into the staffing."

Person Centred

Health promotion

Within the ambulatory waiting area there was lack of information in the waiting area providing patients with information about the department or about health conditions. There were posters providing information on how patients can provide feedback about the care they had received.

We saw a range of leaflets displayed providing written post discharge instructions and advice and health promotion information. These were available for patients and carers to take away with them. There were QR codes in the paediatric department that carers can scan with a smart phone and obtain information about common ailments and injuries and how to manage them.

We saw information regarding common ailments within the minor injury unit (MIU) waiting area. Smoking cessation information was given to patients during their

stay. Patients we spoke to said they had received advice about their health conditions and how to manage them effectively.

We recommend the health board display patient information regarding health promotion within the waiting area.

Dignified and respectful care

We saw staff treating patients with respect and kindness in all areas of the emergency unit. During our initial tour we witnessed staff excusing themselves from the inspectors to answer patient queries. Although the department was extremely busy, patients appeared to be waiting patiently. Staff were seen to be performing vital sign observations on patients within an assessment room in the waiting room.

We found that the department was geared to treating patients as individuals and needs were met with dignity, compassion and respect.

We found the refurbished environment promoted dignity and enabled staff to provide treatment privately. Curtains had been replaced by solid walled cubicles with lockable doors. The enclosed corridors had been replaced with special clinical areas which appear well organised and enables easy observation of patients.

We saw the toilet facilities were in working order and clean.

All patients in the emergency department told us they had been treated with dignity and respect by the staff.

Individualised care

We found that patients are advised of waiting times during triage.

We saw examples of multidisciplinary team contribution. The CDU contained physiotherapy and occupational therapy equipment to assist in assessing patients for a safe discharge.

During our inspection, we saw patients in all areas of the Emergency Department were accompanied by family or carers.

The paediatric department was located away from the main Emergency Department and had a separate secure entrance. The area had child friendly décor and a television that showed children's movies.

The department had two relatives rooms that could be used to speak with family in a quiet and private area.

Timely

Timely care

On our arrival the department was in the highest escalation demand rating. The waiting room in the ambulatory care department was full and there were three ambulances waiting outside. Although the department was extremely busy, there was a calm feel to the unit. Staff and managers were aware of the situation and appropriate escalation action had been taken.

We saw that patients were triaged promptly and appropriate patients were assessed through the Rapid Assessment and Treatment Zone (RATZ) procedure.

Equitable

Communication and language

We saw signage directing visitors from other areas of the hospital. However, due to construction work these were not clearly visible. Signage within the Emergency Department directing people to different parts of the department was present. However, these could have been larger and clearer for patients with poor visibility or other sensory deficit.

We recommend improving signage directing people toward the department and also within the department.

We saw information within the waiting area inviting patients to give feedback. This information was written in both English and Welsh.

The Welsh language was well promoted within the Emergency Department. Most signs and patient information was seen to be bilingual.

Rights and Equality

The health board provided us with their current Equality, Inclusion and Human Rights policy. We saw evidence for mechanisms of feedback in place for patients and staff.

The department was situated on the ground floor and had level access for patients with mobility issues. Corridors were clear and wide to allow for easy movement around the department. We saw adequate toilet and wash facilities for patients requiring extra room for mobility equipment.

There were two relatives rooms which were found to be quiet and private with comfortable seating.

Delivery of Safe and Effective Care

Safe

Environment

We found that environmental issues highlighted following the previous inspection in June 2022 had been addressed. The department had undergone a significant refurbishment in recent months. Areas within the ED had been relocated to allow for a more streamlined flow through the department. Work was still ongoing within the ambulatory waiting area which we were told would be completed at the end of March 2024.

The waiting room was full on our arrival. The seating was spaced out which allowed for people to move around. Staff could view patients in the waiting area from the entrance to the assessment area. However, they had to walk into the area to view this. We were told that a business case had been accepted to install a large window in order that staff could observe the waiting area whilst working in the assessment area.

There was a lack of storage space and some unused bays were used for storage.

The majors department had been relocated and now comprised of sectioned areas with space for six trolleys. There was an area that could be sectioned off for Infection Prevention purposes. Cubicles were situated around the nursing station to allow for easy observation of patients. The nursing station was visibly clean and free of clutter. There was a bay with a glass wall that could be closed to contain infection.

The health board had introduced a Rapid Assessment and Treatment Zone (RATZ) where appropriate patients received a rapid assessment, investigation, diagnosis and treatment by an Emergency Department doctor. Two RATZ assessment cubicles were based near to the ambulatory and ambulance entrances. Following prompt assessment and treatment, patients either discharged or moved to another area of the ED. The RATZ service operated during the hours 10am to 10:30pm. We found this to increase the turnaround time and decrease waiting times and subsequently decrease service pressure.

Risk management

We found the physical environment in the Emergency Department to be mostly well maintained. We did identify some estates issues that had been addressed by management and the estates team. We were told that repairs were delayed due to

staff shortages. Some doors were broken and there was no emergency pull cord in one of the majors toilets.

We were told that the refurbished cubicles were suitable to care for patients with mental health issues. Curtain rails were collapsable and free from potential ligature points.

Moving and handling risk assessments were completed as part of the ED admission documentation. We found these to be completed for all appropriate patients during our case review.

Within the Emergency Department and CDU we saw that pressure relieving equipment was available and being used. We found an appropriate risk assessment tool was available for staff to assess patients' risk of developing pressure ulcers.

We examined the care records for a sample of five patients and found that staff had assessed and re-assessed all patients to identify their risk of developing pressure damage and where appropriate, patients had a suitable care plan in place.

We saw that a suitable falls risk assessment tool was available for staff to assess patients' risk of falls. Within the Emergency Department, written care plans were in place for those patients that had been identified at risk of potentially falling.

Ambulance hand over times have been reduced by a new system where the target time to off load is one hour. They have buy in from other departments in the hospital to be able to move patients to wards when Emergency Department gets full.

There are frequent meetings held three to four times a day to determine the bed state and plan for any required moves and make plans for patients awaiting speciality wards. This appeared to be assisting with patient flow through the department and to the rest of the hospital.

The Acute Medical Unit had been moved to the first floor and replaced with an eight bedded Clinical Decisions Unit, for patients who required a prolonged stay for monitoring or assessment. This reduced the number of patients waiting unnecessarily in the main department. The CDU had physiotherapy and occupational therapy equipment so that patients requiring assessments could receive this within the unit.

Infection, prevention, control and decontamination

The previous inspection highlighted several improvements required regarding infection prevention and control. These had been addressed through the recent

updates to the physical environment. We found areas to be clean and free from clutter. Surfaces including flooring and seating now allowed for appropriate cleaning and decontamination.

We saw Personal Protective Equipment (PPE) was available throughout the ED and staff were seen to be using this appropriately. Hand washing stations were available in all areas of the ED.

We found sharps bins were available and appropriately used throughout the department.

We saw sluice situated in each area. These were found to be clean, tidy and in good working order. Staff told us they were aware how to escalate a problem if there were any issues with equipment.

Following the improvements identified at the previous inspection the health board introduced a daily 'walk around' where a Band 8 would complete a daily checklist which included IP&C checks.

Within both resus and majors, we saw private cubicles with doors allowing for isolation in case of infection.

We saw hand hygiene and environmental audits had been completed for the whole department.

Safeguarding of children and adults

We found the paediatric assessment documentation to have a robust system to identify safeguarding issues. Patients and carers were asked a series of detailed questions during the admission process in order to highlight and escalate a safeguarding issue.

Blood management

Staff described the process of safe blood administration which was a two-nurse process with a clear protocol in place. We were told that staff complete competency training before they can administer blood products and saw that a register of competently trained staff was held.

Management of medical devices and equipment

We saw that staff had access to a range of equipment to meet the needs of patients. Equipment we saw appeared to be clean and in good condition. However, we found three pieces of equipment in the resuscitation department that were labelled with stickers showing servicing date had expired.

Staff described a new system where Portable Appliance Testing was required three yearly. However, the stickers found to on portable electric equipment showed a yearly test was required as these had not been removed following the implementation of the new system.

After immediately escalating this to the nurse in charge we were told that they no longer use labels and all records for servicing are managed digitally. We were told that due to insufficient resource, labels had not been removed and a risk assessment had been provided to us. However, we did not gain assurance that the process in which medical equipment was serviced was sufficiently robust and therefore this issue was dealt with through the immediate assurance process.

Medicines Management

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

We saw that storage rooms were always locked with key cards entry to prevent unauthorised access.

We also inspected records for Controlled Drugs and saw that records were completed as part of the daily senior manager checklist. We did identify drugs in the resus controlled drugs cupboard that were rarely used and could be removed to allow space for more frequently used medications.

During the course of the inspection, we found expired medication in the resus drugs cupboard. We escalated this to the nurse in charge and the medications were disposed of immediately. We were not assured that regular stock checks were undertaken which posed a risk of expired medication being administered to patients. This was dealt with through our Immediate Assurance process.

We inspected the fridge temperature checks in each area and generally found them to be appropriately checked using the digital QR code checking system. However, the fridge within the majors area had not been linked to the digital system and we were not assured that temperature checks had been completed. This was dealt with through our Immediate Assurance process.

Effective

Effective Care

We found several fast tracked pathways were in place including gynaecology, fractured Neck of Femur (NOF), Stroke and Sepsis pathways.

Senior staff described initiatives to develop and improve the service provided to patients. This included a new eTriage system where patients can self-triage using

one of nine digital stations based at the entrance to the department. We were told this will be implemented by the end March 2024. The system will have a safety net of a triage nurse oversight to ensure correct prioritisation of patients.

Senior managers told us that they had commenced an initiative for new staff to lower turnover and improve retention.

We found suitable information technology systems were in place for capturing and sharing relevant information, collecting data for audit activity and producing management reports. We saw a new system had been introduced to digitise the resuscitation checks. We were told staff scan a QR code and information is uploaded to a central database.

Following the previous inspection, management have introduced daily 'walk around' where they complete a checklist covering resus and medication checks patient transfers and staffing.

Nutrition and hydration

One of the improvements required from the previous inspection was regarding providing nutritional support. Since the last inspection the health board have recruited a dietitian who covers the ED to provide support and complete nutrition risk assessments.

We found that patients within the resuscitation area were provided with food and drinks as required. We saw nutritional risk assessments within the nursing notes. However, patients in this area were very unwell and often unable to eat or drink and were hydrated intravenously. Patients who were able to drink, had access to water. Staff were seen to be using the All Wales fluid balance charts.

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

Patient records

The format of the patients' care records used within the ED was found to be unorganised and difficult to navigate. Paper documents were loose and not in any particular order. Handwritten notes were often illegible and not always signed by and dated by the practitioner making the entry.

The health board should ensure patient notes are organised and legible and ensure medical staff signatures are included. Medical notes should be reviewed to ensure this is upheld.

Although difficult to navigate, we found care plans and risk assessments were completed appropriately.

Efficient

Efficient

We saw evidence of robust pathways embedded in the case notes. Staff we spoke to had good knowledge of the pathways and knew where to access policies and procedures.

Quality of Management and Leadership

Staff Feedback

Twenty three staff responded to our staff questionnaire. Responses were mixed, with most of those who answered being satisfied with the quality of care and support they give to patients (17/23). However, fewer of those who answered agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family (13/23) and would recommend their organisation as a place to work (15/23).

We received general comments and comments on how the department could improve the service it provides; some are below:

“The EU team is a fantastic team to work within, communicating well within the multi-disciplinary team and managing patient care safely and with dignity and respect. A huge part of what allows us to achieve this is some of the regular incredible agency staff that are an extension of the EU team but who without we would struggle to meet demand.”

“I am ashamed to say that “clocks” and arbitrary targets far precede that of patient care the constant undue pressure to react to ambulance arrivals last minute is soul destroying and very unfair the patients receiving appropriate care, and placing staff under unnecessary pressures increases stress levels, the constant interfering by an outside department is overwhelming, and the weakness of the ED management team is magnified by allowing this to happen, rather than standing up the patient and staff rights to be treated with dignity and not bullied into reactive situations.”

The health board should reflect on these comments and provide feedback to staff.

Leadership

Governance and Leadership

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

Following recommendations from the last inspection a band 8 rota had been put in place to have daily senior visibility within the department. There were four band 8 managers who would undertake a weekly rotation supporting staff directly on the

department floor. This allowed for any issues and escalations to be dealt with at a senior level immediately.

Suitable arrangements were described for sharing quality and safety related information. We witnessed safety meetings being held at regular intervals throughout the day discussing current escalation status and highlighting areas of concern.

Senior staff provided examples of audits conducted within the Emergency Department. These considered areas relevant to both units such as patient feedback, staff feedback, environment and facilities, completion of patient risk assessment documentation and infection prevention and control. However, results of audit activity were not found to be displayed.

The health boards should consider displaying results of audit activity within the department.

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

Workforce

Skilled and Enabled Workforce

We confirmed that medical, nursing, allied health professionals and support staff worked in the department. However, senior managers did report some issues with recruiting middle grade doctors, and we were advised that a plan had been implemented to resolve this.

Senior staff confirmed there were several staff vacancies mainly for band 6 staff and recruitment was ongoing to fill these vacancies. We were told that the department had received an uplift in staffing for the paediatric clinical decisions unit. We found staffing levels to be appropriate in all areas and were told that staff can be moved around depending on acuity levels of each area.

We saw the health board had put an induction plan in place for new staff with the aim to increase retention. A Senior Nurse for Professional Development had been recruited to support new staff and HIW had received positive feedback about this process.

Evidence of staff training compliance was seen which were found to be of an appropriate percentage. However, we found areas that required improvement these included fire safety, and Basic Life Support (BLS) and Paediatric Immediate Life Support (PILS).

The health board should ensure that training compliance rates are improved in fire safety, BLS and PILS.

Culture

People engagement, feedback and learning

We were told by staff that managers were visible. Staff reported being encouraged to contribute to transformation work. Generally, staff provided positive feedback regarding the improvements that had been made over the past two years.

We were told that themes and concerns were tracked and monitored on the department's dashboard. We saw how the information could be easily extracted from the dashboard to provide reports for meetings and huddles.

Whole system approach

Partnership working and development

We found the department appeared to have good working relationships with stakeholders such as Welsh Ambulance Service Trust (WAST) with their work to improve ambulance waiting times. We received positive feedback from WAST staff during our inspection on the improvements that had been made.

We were told that wider integration between the Emergency Department and other parts of the health board were working to improve waiting times. Staff explained that a GP consultant telephone line was in place with the aim of preventing unnecessary visits to the department.

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
Sepsis trolley locked	This posed the risk of unauthorised access to medical equipment and medication within the trolley.	HIW informed the nurse in charge immediately.	Sepsis trolley was locked immediately and staff informed to ensure trollies containing medication are always kept locked.
Expired medication removed from the resus medication room	This posed the risk of potential administration of expired medication to patients which could lead to harm.	HIW informed the nurse in charge immediately.	Expired medication was removed and disposed of immediately. Stock was checked to ensure all medication was within date.

Appendix B - Immediate improvement plan

Service: University Hospital Wales, Emergency Department

Date of inspection: 4 - 6 March 2024

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
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Findings - Medication

We reviewed records of the temperature checks conducted on the medication fridge in Majors, and found frequent gaps in the records. We were therefore not assured consistent checks were being conducted. The checks are essential to ensure medication requiring refrigeration is kept at a temperature within the correct parameters, to ensure the medication is viable and safe for use.

We found examples of out of date medication (that was immediately removed when we raised it with staff). However, we did not find sufficient evidence to demonstrate a robust system is in place, to ensure that drugs are checked and rotated regularly. This is essential to ensure that expired medication is removed from potential patient use.

<p>The health board is required to:</p> <ul style="list-style-type: none"> Provide HIW with details of the action taken to demonstrate suitable daily checks of Emergency Department fridges and the recording of these. 	<p>Standard - Safe</p>	<ul style="list-style-type: none"> The records of daily temperature checks of departmental fridges are checked by the Nurse in Charge as part of their daily walkround and then the Senior Nurse also checks compliance via their daily walkround (Monday-Friday). 	<p>Lead Nurse</p>	<p>Completed</p>
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		<ul style="list-style-type: none"> - Reinforce the requirement to undertake and record daily fridge checks via the department's "fortnightly focus" safety briefing communications. - Extend the use of electronic recording of checks via iPad and AMaT used for the department's resuscitation trolleys to the fridge checking process. 	Lead Nurse	Commencing 25.03.24
			Lead Nurse	28 March 2024
<ul style="list-style-type: none"> • Provide HIW with details of a robust system where drugs are checked and rotated regularly to ensure expired medication is removed from potential patient use. 		<ul style="list-style-type: none"> - The unit's pharmacy technician undertakes drug stock checks of all Omnicells within the unit and disposes of any expired medications. 	Lead Nurse	Completed
		<ul style="list-style-type: none"> - To compile with pharmacy a list of lesser used or short shelf life medications and put in place a system for the checking and disposal of this stock. 	Lead Nurse	28 March 2024
		<ul style="list-style-type: none"> - The department will continue to perform checks of all intra venous 	Lead Nurse	Completed

		fluid by two nurses prior to administration.		
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Findings - Equipment monitoring

We did not see sufficient evidence to demonstrate that equipment servicing is effectively completed, logged, monitored and communicated to clinical staff in a timely manner. We reviewed multiple items of patient observation and monitoring equipment, as well as some clinical equipment (including blood warming equipment) that had stickers indicating service dates that had expired. Clinicians that we spoke to were unable to confirm whether the equipment they were using was within the correct calibration when they were treating patients. We were provided with limited information by the clinical equipment department that the equipment had been serviced and would be safe to use. However, this information was not readily available to clinicians. From the discussions we held, this was leading to confusion and ultimately could lead to a delay in safe and timely patient care.

The health board is required to provide HIW with details of the action taken to: <ul style="list-style-type: none"> Provide assurance to clinicians of a robust system for the monitoring of clinical and observation equipment 	Standard - Safe	<ul style="list-style-type: none"> Send a list of unobtainable and out of date equipment to the EU Service Managers on a quarterly basis. 	Head of Clinical Engineering	Commence March 2024
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<p>servicing and maintenance throughout the department. This should be provided to departmental leads on an ongoing and regular basis.</p> <ul style="list-style-type: none"> Remove out of date maintenance stickers on equipment that has been serviced / tested within accepted timeframes. Equipment which does not require calibration should have stickers to remove the risk of possible delay to treatment. Communicate a clear differentiation between equipment which requires clinical calibration and equipment which only requires a system of portable appliance testing. <p>The health board is required to provide HIW with an updated servicing log complete with dates for all medical equipment that is monitored and serviced via the medical engineering team within the emergency department.</p>		<ul style="list-style-type: none"> Clinical Engineering to visit EU to remove all out of date maintenance stickers for serviced/ tested equipment. All out of date equipment to be serviced. UHB wide communication regarding changes in testing schedules to be disseminated. Service log included.  <p>EU PPM HIW (colour coded).xlsx</p>	<p>Head of Clinical Engineering</p> <p>Head of Clinical Engineering</p> <p>Head of Clinical Engineering</p> <p>Head of Clinical Engineering</p>	<p>28 March 2024</p> <p>30 April 2024</p> <p>30 April 2024</p> <p>Complete</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): Jane Murphy

Job role: Director or Nursing Medicine Clinical Board

Date: 13th March 2024

Appendix C - Improvement plan

Service: University Hospital of Wales, Emergency Department

Date of inspection: 4, 5 and 6 March 2024

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
<p>We did not find sufficient health promotion information displayed within the patient areas.</p>	<p>We recommend the health board display patient information regarding health promotion within the waiting area.</p>	<p>The directorate currently has health promotion leaflets available in wall mounted racks and these are replenished weekly by the Patient Experience Team.</p> <p>In addition, clinicians provide relevant health promotion material to individuals as required. The HIW inspection team observed one patient receiving smoking cessation written information during their visit.</p>		

		<p>It is recognised that there are not dedicated specialist health promotion boards but wall space remains a constraint. Instead the directorate will explore digital options to also share health promotion information in the waiting area via the TV</p>	<ul style="list-style-type: none"> • Lead Nurse and General manager, Emergency and Acute Medicine Directorate 	<p>31st May 2024</p>
<p>We found that signage directing people to the department was inadequate. Although we found some signage directing people to different areas within the department this was not seen to have been updated following the recent upgrades and relocation.</p>	<p>We recommend improving signage directing people toward the department and to the separate areas within the department.</p>	<ul style="list-style-type: none"> • Remap the department following relocation of clinical areas. List required additional signage and send to Capital estates to progress with request for permanent signage • The directorate will raise the external signage to the department with the Estates and Facilitates 	<ul style="list-style-type: none"> • Lead Nurse and General manager, Emergency and Acute Medicine Directorate 	<p>31st May 2024</p>

		Department to explore scope to improve this		
During our review of patient records we found notes to be unorganised and difficult to navigate. In addition, we saw that medical staff often did not sign following their entry.	The health board should ensure patient notes are organised and legible and ensure medical staff signatures are included. Medical notes should be reviewed to ensure this is upheld.	<ul style="list-style-type: none"> Remind all staff via safety briefing, social media and email to keep notes in designated notes trolleys in each clinical area and organised appropriately for ease of clinical reference. Explore options for digital record keeping in ED 	<ul style="list-style-type: none"> Lead Nurse and Clinical Director Emergency and Acute Medicine Directorate Lead Nurse and Clinical Director Emergency and Acute Medicine Directorate 	<ul style="list-style-type: none"> 31st May 2024 To provide an update on feasibility by 30th June 2024

		<ul style="list-style-type: none"> • Reinforce that medical staff must sign and date entries and keep legible medical records via the following forums:- • Handovers • Induction to the department • Consultant meeting • General departmental teaching 	<ul style="list-style-type: none"> • Clinical Director Emergency and Acute Medicine Directorate 	<ul style="list-style-type: none"> • 30th June 2024
<p>During our review of staff training, we saw low compliance rates for fire safety, BLS and PILS. Staff are required to be competent in these areas in order to assist in the event of an emergency.</p>	<p>The health board should ensure that fire safety, BLS and PILS training compliance rates are improved.</p>	<p>The directorate have taken the following actions to improve compliance with staff e-learning compliance with BLS, Fire safety and PILs training</p> <ul style="list-style-type: none"> • Staff have been booked on e-learning support 	<ul style="list-style-type: none"> • Lead Nurse and Clinical Director Emergency and Acute Medicine Directorate 	<ul style="list-style-type: none"> • 30th May 2024

		<p>sessions with the Education Team</p> <ul style="list-style-type: none"> • Compliance of staff training will be monitored on a monthly basis through the Education team meetings. 		
<p>During our review of the staff questionnaire, we asked staff what they thought could be improved. We noted several comments regarding staff pressures and demand.</p>	<p>The health board should reflect on comments in HIW's questionnaire and provide feedback to staff.</p>	<p>It is acknowledged that Transformation Work undertaken by the directorate in the past year to ensure timely patient care and flow through the depart has, while benefiting patient care, sometimes created additional pressure for staff.</p> <p>The Directorate Education Team provide wellbeing support as well as education and development. This team has a number Wellbeing Champions who have received</p>		

		<p>specialist training. These staff can be approached directly by staff members needing support. Wellbeing Champions are trained to recognise which staff need additional support they are able to refer directly into the UHB Wellbeing services.</p> <p>The Transformation work was co-produced with ED staff and all staff were encouraged to be part of these projects.</p> <p>A number of Team Days are run each year to bring staff together and to support collaboration in developing the service.</p>	<ul style="list-style-type: none"> • Deliver session to share the HIW report and action plan with all staff. This will include staff feedback 	<ul style="list-style-type: none"> • Lead Nurse and General manager, Emergency • 31st May 2024
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		<p>captured and an provide an opportunity respond to any questions around the management of demand.</p> <ul style="list-style-type: none"> • Promote and encourage staff to attend the ‘ask Suzanne’ forum for wider system understanding • Actively promote the use of staff comments through Tendable. Task the ED Team Leaders to ensure this information is captured with daily audits. This information will be monitored by the Directorate Team 	<p>and Acute Medicine Directorate</p> <p>ED Team leaders</p>	<p>May 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): Ceri Martin

Job role: Lead Nurse

Date: 29/4/2024