Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Emergency Department, Royal Glamorgan Hospital, Cwm Taf Morgannwg University Health Board

Inspection date: 5, 6 and 7 August 2025
Publication date: 6 November 2025

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Digital ISBN 978-1-80633-622-7

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

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 of the Emergency Department (ED) at the Royal Glamorgan Hospital, Cwm Taf Morgannwg Health Board on 5 (evening), 6 and 7 August 2025

Our team for the inspection comprised of a HIW senior healthcare inspector, three clinical peer reviewers, of which there were two nurses and a consultant, and a patient experience reviewer.

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 26 questionnaires were completed by patients or their carers and 55 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.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Feedback from patients, families, and carers was largely positive, with staff consistently praised for their professionalism, compassion, and respectful care. Patients felt listened to and well-informed about their treatment. The newly opened paediatric area was welcomed as an improvement to both safety and experience, and the relatives room provided a quiet, comfortable space.

However, waiting times were a recurring concern, notably due to a lack of flow out of the hospital, across the wider hospital site. These extended stays impacted comfort, privacy, and access to everyday needs such as washing facilities, which are usually provided through ward-based care. While staff made efforts to maintain dignity, shared treatment areas did not always offer sufficient privacy, and some patients felt that measures such as curtains and screens were not consistently used.

Timely triage and medical review were generally observed, supported by a well-functioning ambulance handover area and efficient minor injury unit. Staff communicated professionally, with some able to speak Welsh and use Language Line for other language needs. Health promotion materials were available, and patients receiving minor injury care had access to relevant treatment information.

This is what we recommend the service can improve:

- Staff should remain mindful of the need to more actively engage with certain patients / patient groups when time permits
- The health board should explore the availability of washing facilities for patients who are accommodated in the ED for significant periods of time.

This is what the service did well:

- Most patients agreed that they were treated with dignity and respect, and we observed caring and professional interactions between staff and patients
- Patients generally received timely triage and medical review, supported by a well-developed ambulance handover area.

Delivery of Safe and Effective Care

Overall summary:
The ED was generally well managed, with effective triage and ambulance handover processes supporting timely clinical assessments. Despite improvements to areas,

such as the paediatric ED, the overall departments physical limitations continued to affect the delivery of care, particularly for patients in temporary or seated areas. Staff raised concerns about prolonged stays for older patients, which may impact dignity and optimal care.

Patient flow was supported through regular site-wide meetings and safety huddles, with joint working across departments. However, delays in ward admissions remained a challenge.

Security was identified as a concern following incidents of violence and aggression. While staff had received restraint training, the lack of a consistent on-site security presence requires review in line with available guidance.

Infection prevention and control standards were generally good, with staff adhering to protocols. However, reminders around hand hygiene were recommended, and damaged seating should be replaced to support effective cleaning.

Safeguarding arrangements in the ED were well established, with a nominated lead and access to corporate support. Co-located specialist staff, including learning disability and domestic violence liaison nurses, provided valuable support.

Medicines management was appropriately handled, with secure storage and effective pain assessment. Plans to introduce an Omnicell system were noted, but its placement should be carefully considered to support safe medication preparation.

Pressure and tissue damage prevention measures were largely effective, with timely assessments and appropriate equipment use. One documentation error was identified, and staff are reminded to ensure accurate recording. No ED acquired pressure damage incidents were reported in the four weeks prior to inspection, and shared learning was evident. Falls prevention measures were in place, with most assessments completed promptly.

Joint working was evident in the development of the new paediatric department, though workforce challenges remain. A re-audit against Royal College of Paediatrics and Child Health (RCPCH) standards is recommended to assess progress and workforce capacity.

Staff were generally positive about recent service changes, though concerns were raised about burnout and the departments physical capacity to manage increased demand. The health board is advised to consider staff feedback when planning future changes.

Sepsis management was well understood, with staff using recognised tools such as Sepsis Six. However, a recent audit identified areas for improvement, which are reflected in ongoing quality improvement work.

Nutrition and hydration needs were mostly well met, though one record showed a discrepancy in assessment. The department provided hot meals for patients staying longer, but feedback highlighted concerns about timing, adequacy, and dietary suitability. Hydration access was inconsistent, particularly for certain patient groups.

Medical and nursing records were generally well maintained. The condensed nursing bundle was helpful, but the health board should audit its use to ensure accuracy and alignment with clinical presentation.

This is what we recommend the service can improve:

- The health board must continue to review the footprint of the ED to ensure it remains fit for purpose in the context of current demand, capacity and usage
- Patients in seated areas must only be sat in these areas for appropriate lengths of time
- Aspects of accurate completion of clinical documentation should be strengthened and audited.

This is what the service did well:

- Senior clinical decision maker and nursing triage, along with ambulance handover processes, were found to be generally timely and effective
- There was evidence of good joint working within the department, between hospital site wide services, and externally
- Positive improvements were noted for paediatric patients and their families.

Quality of Management and Leadership

Overall summary:
Staff feedback was generally positive, with most respondents expressing satisfaction with the care they provide. Many would recommend the organisation as a place to work. However, concerns were raised about the adequacy of the ED environment to provide patients with the right level of care that they would wish to provide.

Governance structures were well established, with regular meetings and clear information flow to senior levels. Senior managers were visible and responsive, and most staff felt supported by their immediate managers. Communication between

senior leaders and staff was viewed positively, though some felt less involved in decision-making processes.

While some negative feedback was received regarding departmental leadership and culture, it was not included to protect anonymity. The health board is advised to ensure effective channels are in place for staff to raise concerns, including anonymous options, and to promote awareness of these processes.

Staff were positive and committed to delivering high-quality care, despite ongoing service pressures and structural changes. Initiatives such as increased nursing capacity and the introduction of a 'helicopter nurse' role were welcomed, with further recruitment plans underway. However, just over half of survey respondents felt staffing levels were insufficient, and concerns about burnout were raised. While wellbeing support was available, the health board is advised to remain mindful of staff feedback.

Training was generally well received, with staff identifying further needs in areas such as life support, minor injuries, and communication skills. Immediate Life Support and Paediatric compliance requires improvement, and the health board is expected to take timely action. An audit of the condensed nursing bundle is also recommended to ensure its effective on-going use.

Patient feedback mechanisms were in place and well used, with formal complaints managed appropriately. A wide range of audits supported learning and improvement, though the health board must ensure findings are acted upon and re-audited to monitor progress.

This is what we recommend the service can improve:

- The health board must ensure that clinical audit outcomes are reviewed and re-audited at suitable intervals to monitor progress
- Staff compliance with immediate and advance life support training must be promptly improved
- Staff feedback must be taken into account and appropriate channels opened for staff to provide feedback.

This is what the service did well:

- Staff indicated satisfaction with the quality of care and support they give to patients, and would be happy with the standard of care for themselves or family and friends
- There was good senior experience and visibility located in the department
- Staff were generally round to be positive and enthusiastic in their roles, committed to delivering high quality patient care and service improvement.

3. What we found

Quality of Patient Experience

Patient Feedback

In total we received 26 responses from patients and their family or carers to our survey about their experiences in the Emergency Department (ED). Responses were positive across most areas, with the exception of waiting times which attracted the most negative responses.

We received some patient comments which included:

> *"I can't thank the staff in RGH enough for how they've treated my father on 2 visits to A&E in the last few months. They've all treated him with dignity and respect, listened to what he and we have to say. They've explained things in a way we can understand. I can't fault anything."*
>
> *"As a person with type 1 diabetes it took over 11 hours to be asked if I needed anything to eat to maintain my blood sugar levels. Fortunately, my partner could go to the local supermarket to get sandwiches, as when I asked a nurse there was nothing available. I was in the department for 30 hours in a chair which was in a communal room with no privacy curtains."*
>
> *"Badly on Sunday had to wait 22 hrs"*
>
> *"Everything was so fast and efficient, we were having tests quickly and all completed in an hour. Saw consultant and had plan for care after 2.5 hours."*

It was a concern to hear that no food was available to support a patient with Type 1 diabetes maintain their blood sugar levels, therefore the health must address this issue promptly to prevent recurrence.

The health board must ensure that the ED has access to food for patients as appropriate, such as to support a patient with diabetes to maintain their blood sugar control.

Person-centred

Health promotion

Some health promotion and support information were displayed around the department. This included smoking cessation advice and information on other services, such as NHS 111 and alternative services to the Emergency Department.

Patients who received minor injury care and treatment had access to treatment information leaflets. These were provided by clinicians to support them with appropriate information on their condition, after care and what to do if they need further care or advice.

Dignified and respectful care

Staff were observed to be working diligently to provide patients with dignified care, despite the constraints posed by the department's physical footprint, the volume of patients presenting to the ED, and limitations in patient flow out of the ED. While certain areas of the department, such as the seated lounge and intravenous (IV) treatment area, did not offer sufficient privacy or dignity, we confirmed that staff made efforts to place patients appropriately, in line with established criteria and individual patient needs.

When asked if staff treated them with dignity and respect, most patients agreed. However, when asked if measures, such as use of curtains and screens, were used to protect their privacy, fewer patients agreed. Our conversations with patients revealed that this view was most prominent from those in the shared seated areas of the department.

All interactions between staff and patients were observed to be caring and professional. While we acknowledge the pressures faced by the department, we considered that some patients, particularly those who were older, mildly confused or who otherwise required reassurance, might have benefited at times from a greater degree of staff engagement and interaction

The health board should ensure that staff remain mindful of the need to actively engage with certain patients / patient groups when time permits.

The department provided toilet facilities, however, patient dignity for those awaiting admission to a ward or transfer elsewhere was compromised by the absence of washing facilities. While the ED is not designed to deliver traditional ward-based care, the department is advised to remain mindful of patients who may benefit from, and appreciate, access to such facilities elsewhere within the hospital. A patient example observed during the inspection was shared with staff during the feedback session.

The health board should explore the availability of washing or showering facilities for patients who are accommodated in the ED for significant periods of time, or whose medical condition / presentation might necessitate it.

We found the relatives room to be readily available throughout the inspection, of an appropriate décor and a quiet space away from the main thoroughfare.

Timely

Timely care

We found patients received a timely triage and medical review in most patient records that we reviewed. This was supported by a well-developed ambulance handover area (ANTI), which enabled staff to begin timely investigations, such as bloods and ECG (echocardiogram), upon arrival. This area was staffed continuously by nurses and ED assistants to maintain its function 7 days a week, 24 hours a day. In addition to this, there is a senior clinical decision maker between 08:00 -22:00 hours each day to aid safe and timely investigations, and to support flow through the department

The minor injury unit provided patients with an efficient service for non life-threatening injuries. This was staffed by emergency nurse practitioners and physiotherapists.

It was positive to note that ambulance handover times, the time in which it takes for a patient on an ambulance to be handed over to the care of emergency department staff, has decreased throughout 2025, with notable reductions seen in the two months leading up to the inspection. However, patients did not always receive timely care within the context of their wider healthcare journey, such as when awaiting admission to a ward, often due to a lack of flow across the wider hospital site. Nonetheless, in the patient records that we reviewed, it was positive to find that patients generally received timely emergency medical and nursing care within the ED.

More information timely care from a risk management perspective is set out in the risk management section later in the report.

Equitable

Communication and language

Staff were observed speaking with patients in a professional and caring manner. Whilst all patients who responded to our survey stated their language preference to be in English, we confirmed that some staff in the department were able to converse

in Welsh. Of those staff who could converse with patients in Welsh, some confirmed that they wore the Iaith Gwaith badge on their name badge or uniform.

For patients with other language needs, staff were aware of Language Line and its importance in supporting accurate and effective translation between the patient and the treating healthcare professional.

Rights and Equality

The department provides a universal service to all patients who require care and treatment. We observed staff to be providing this care in a way that promoted people's rights, regardless of their background or personal circumstances. Staff were mindful of patient needs, their presenting condition and of any circumstances that would warrant a different approach towards their care.

The department had access to specialist advice and liaison support, including a mental health crisis team, a learning disability liaison nurse and a domestic violence liaison nurse who were both based in the department.

Delivery of Safe and Effective Care

Safe

Risk management
We considered the ED to be an overall well-run service, operating within the constraints of its physical footprint and a number of recently implemented service changes. The triage area, including ambulance arrivals, was found to be proactive and well-managed, with a senior decision-maker in place during daytime hours and dedicated staffing. We observed that this supported timely baseline investigations and contributed positively to the overall delivery of care.

Whilst there had been positive improvements and capital funded works to areas, such as the paediatric department, the footprint of the department did not allow for clinical care to be provided in wholly appropriate environments. This included the seated lounge areas or use of temporary rooms and spaces for purposes other than their intended use. Staff feedback in this area was notable source of concern. This is an area that the health board must be highly mindful of in the context of future estates and capital plans.

The health board must continue to be highly cognisant of the footprint of the department and its ability to remain fit for purpose in the context of current demand, capacity and usage.

Staff reported that the wider hospital site continues to respond well to the shared management of risk between the ED and inpatient wards, which is helping to support patient flow out of the department. However, some patients remain in the ED for longer than is considered optimal to meet their medical and nursing needs.

Whilst we were assured that staff endeavour to take proactive measures throughout each shift to utilise clinical areas appropriately, and move or escalate patients based on clinical need, staff responses to our survey indicated a notable source of concern in this regard. A representative sample of comments included:

> *"No patient should ever be sat in a chair for a long period of time while being treated, these patients are not seen by some members of the hospital team as a priority for a bed as they are not on a flat space and therefore won't be helpful in offloading an ambulance. Therefore, they can be in the chair for more than 24 to 48 hours on occasions"*
>
> *"Placing elderly people in chairs for days at a time is cruel and we should do better for patients. I feel when I raise any concerns about patient comfort it is met with no compassion or understanding of the situations"*
>
> *There are issues within the department due to long chair waits before being transferred to wards however ED and senior nurse are supportive and listen to*

concerns raised however there are still times where elderly patients are sat in chairs for prolonged periods … as often the priority is to offload ambulances"

The health board must ensure that the length of time a patient in seated for is appropriate in the context of the patient criteria and clinical need.

We also noted a range of site-wide meetings that take place throughout the day to assist with patient flow and to support discharge planning. Within the ED, safety huddles were held twice daily to aid the effective running of the department. Additional huddles were also conducted between the ED, Acute Medical Unit (AMU), and Same Day Emergency Care (SDEC) to further support patient flow through the effective use of appropriate clinical pathways.

Through discussion with staff and in further support of patient flow, the health board might also wish to explore the feasibility of establishing a discharge lounge on the hospital site.

We found the recently opened paediatric area to be a welcome addition to the department, enhancing both patient safety and experience. However, we noted that access-controlled doors for this area had not yet been installed, and that a further door was unsecured.

The health board must prioritise the installation and security of the doorways in and out of the paediatric area.

Regarding ED security more generally, we were advised that recent incidents of violence and aggression within the department had led both the ED and the wider health board to implement staff training in restraint techniques. This decision was partly driven by the need to enhance clinical oversight of such incidents, but also by a lack of a consistent security presence within the ED and across the hospital site.

We recommend that the health board refers to the guidance issued by the Royal College of Emergency Medicine (RCEM) in December 2020 and reviews and prioritises the issue of ensuring that ED staff have access to a consistent on-site security presence.

The health board must consider the recommendations of RCEM (December 2020) regarding security and restraint and ensure that ED staff can access a consistent site security presence.

Infection, prevention and control (IPC) and decontamination
Aspects of IPC were found to be maintained to a good standard. The department was overall clean, well-organised and enabled effective cleaning within the constraints of a busy and high flow environment.

Staff demonstrated a good understanding of IPC measures relevant to their roles and responsibilities, including good adherence to bare below the elbow policy and appropriately used personal protective equipment (PPE) when providing barrier nursing care. However, based on our observations, we recommend that all staff are reminded of good hand hygiene principles.

The health board should ensure that staff are reminded of the importance of good hand hygiene principles.

There was a designated Infection Prevention and Control (IPC) lead, and recent IPC audit activity had been undertaken. A governance board was displayed within the department to support the dissemination of key information and learning.

The department had access to a decontamination room and was also able to segregate patients with known or suspected infectious diseases. However, the room was not equipped with negative pressure capabilities and did not provide full isolation.

Reusable equipment was observed to be clean and ready for use. However, some seating in the seated lounge areas was found to be torn, which may hinder effective cleaning.

The health board should replace torn seating to maintain effective cleaning and IPC standards.

Some staff fed back during the inspection and in our survey regarding the re-location of the plaster room to the minor injury area. Staff noted concerns regarding excess dust and infections when treating open wounds. The health board should consider the potential impact this may have on staff, patients, and the delivery of certain minor injury treatments and procedures.

Safeguarding of children and adults
There was a nominated safeguarding lead within the ED, and corporate safeguarding support and advice were available at health board level.

Co-located within the department was a learning disability liaison nurse and a domestic violence liaison nurse, both of whom provided practical support to patients and departmental staff. This is considered noteworthy practice. It was positive to note that a domestic violence audit had been completed, which demonstrated improvements. However, the consistency of patient documentation was identified as an area requiring strengthening.

We confirmed that appropriate screening and trigger tools were in place to support staff in identifying potential safeguarding concerns. Staff we spoke with reported feeling supported by senior colleagues in recognising and escalating safeguarding issues.

Management of medical devices and equipment
There was good access to a range of equipment, devices, and patient aids. All equipment reviewed was found to be in date and in a good state of repair. However, in the ambulance arrivals and triage room, we observed broken plug sockets being used for equipment. Additionally, some sockets in the decontamination room did not have suitable waterproof covers. Due to the potential electrical and fire safety risks posed, this was reported to staff at the time of the inspection.

Medicines management
We found that aspects of medicines management relating to prescribing, administration, and review were appropriately managed.

Pain management was clearly evidenced in the patient records reviewed. Pain was scored upon admission, actioned appropriately, and regularly reassessed.

We reviewed the management of controlled drugs and found that they were securely stored, administered, and logged in accordance with relevant protocols. Staff confirmed that there was good input and support from pharmacy colleagues.

Medication is due to be stored in a new Omnicell dispensing system. In the interim, medicines are securely stored in locked cupboards. Given the busy layout of the department, the health board is advised to carefully consider the location of the Omnicell system to ensure that staff can prepare medication safely and without unnecessary disruption.

Preventing pressure and tissue damage
There were appropriate risk assessments and care plans in place to assess, manage, and review patients at risk of developing pressure and tissue damage. These had been completed in a timely manner in all but one of the relevant records reviewed. In that instance, a patient was incorrectly recorded upon admission as having no pressure concerns, despite presenting with a grade 2 skin pressure damage.

The health board must ensure that staff accurately assess and document pressure and skin tissue damage in clinical notes.

We confirmed that appropriate pressure-relieving equipment was used wherever possible and provided as soon as practicable following the patient's transfer to the department, for example, in cases where patients arrived by ambulance. Where a referral to the tissue viability service was required, we confirmed that this had been made.

There had been no reported incidents of pressure damage acquired within the department during the four weeks prior to the inspection. Where incidents did occur and learning was identified, this information was displayed for staff to support shared learning and improvement.

Falls prevention

There were proportionate ED specific and full multifactorial assessments in place to assess and review patients at risk of falls. These assessments had been completed in a timely manner in all but two of the relevant records reviewed, where a required multifactorial risk assessment and corresponding care plan had not been completed.

The health board must ensure that multifactorial risk assessments and relevant care plans are completed promptly when identified as necessary.

We confirmed that patients had access to call bells that were within reach. Although call bells were not available in the seated lounge areas, patients allocated to this space were risk assessed according to criteria designed to minimise the placement of individuals at risk of falls.

It was positive to note that physiotherapy and occupational therapy services were accessible, and that patients were reviewed within the department when required.

We confirmed that no patient falls had occurred in the department during the four weeks prior to the inspection. In instances where incidents did occur and learning was identified, this information was displayed for staff to support shared learning and improvement.

Effective

Effective care

At the beginning of 2025, in response to medical workforce challenges, the health board made the urgent decision to establish a single acute stroke unit at the Royal Glamorgan Hospital for patients requiring emergency stroke treatment. Staff in the ED confirmed that there was good liaison with stroke nurses when responding to pre-alerts and administering time-sensitive interventions. Senior managers

confirmed that clinical audits and outcome measures will continue to inform the ongoing effectiveness and safety of these recently implemented service changes.

We observed effective joint working, particularly in relation to the establishment of the new paediatric department within the ED and its liaison with the paediatric ward. Staff described ongoing developments within the paediatric department, including some remaining challenges related to the paediatric workforce. We recommend that the department re-audits itself against the Royal College of Paediatrics and Child Health (RCPCH) standards to assess progress and identify any remaining gaps.

The health board should re-audit the paediatric department against the RCPCH standards, with particular focus on paediatric workforce capacity.

While staff feedback was generally positive regarding how teams had responded to service changes and the implementation of new patient pathways, several staff reported that these changes had introduced challenges. These included increased risk of staff burnout and concerns about the physical capacity of the department to safely manage the changes. The health board is advised to be mindful of this feedback and to consider how it engages with staff when planning further operational changes.

We observed good knowledge among nursing and medical staff regarding the identification and management of sepsis, including the use of nationally recognised tools such as Sepsis Six. However, an audit completed by the department in June 2025 identified several areas for learning among both nursing and medical staff. This has been reflected in a recommendation under the quality improvement activities section.

Nutrition and hydration

Nutrition and hydration needs were generally well met within the department, although some areas were identified for improvement in relation to patient experience and the delivery of safe and effective care. However, as highlighted earlier, the health must ensure staff can access food for patients as appropriate.

In all but one patient record reviewed, a nutritional risk assessment had been completed and, where appropriate, fluid intake was monitored. In the one record where a discrepancy was identified, it was noted that the patient could tolerate a normal diet and fluids and that no referral to Speech and Language Therapy (SALT) was required, despite their clinical presentation suggesting otherwise.

The health board must ensure that patients' nutrition and hydration intake is accurately assessed, actioned, and recorded in their clinical notes.

It was encouraging to see that the department had taken steps to meet the needs of patients who remain in the department for extended periods by providing a hot meal. Patient feedback was generally positive, however, several comments were received from patients and staff regarding the strict time thresholds required before food is offered, the adequacy of the food provided, and the ability to meet individual dietary and medical needs. Specific examples were shared during the feedback session.

The health board should continue to review its catering provision for patients who remain in the department for extended periods, as well as for those with specific medical conditions, vulnerabilities, or dietary requirements.

We observed that patients had access to water and hot drinks, although this appeared to be inconsistent. Certain patient groups did not always have drinks within easy reach or the ability to request them. The health board should address issues with access to drinks.

The health board should ensure that hydration needs are being met in a more consistent and structured manner.

Patient records

Overall, we found that medical and nursing record keeping was maintained to a good standard, with the exception of some areas highlighted earlier in this report. Both medical and nursing notes were found to be legible, well-structured, signed, and dated.

We considered the condensed nursing bundle to be a helpful revision for staff. However, we recommend that the health board remains mindful of how these checklists are used, particularly in light of findings that, in some cases, contradicted the patient's presentation or the full clinical notes.

The health board should consider incorporating an audit of the condensed nursing bundle into existing departmental audit processes to ensure its appropriate use and effectiveness.

Quality of Management and Leadership

Staff feedback

In total we received 55 ED staff responses to our survey. Most staff indicated that they were satisfied with the quality of care and support they give to patients and would be happy with the standard of care provided by the hospital for themselves or their own family and friends. A similar number stated that they would recommend the organisation as a place to work.

Where we received negative responses, most staff expressed concerns about the adequacy of the ED environment to perform their roles, including the availability of sufficient and suitable clinical space to care for patients, and the risk of staff burn out.

A representative sample of staff comments included:

> *"I feel staffing is an issue. The management team do their level best to ensure the environment is safe and meet staffing needs, but unfortunately, due to the increased demand on the ED, staffing levels are not enough to ensure all patient needs are met to a standard that they should be."*
>
> *"The department and the team consistently think of all ways to make improvements for both our patients and our staff. We work within an highly pressurised environment with capacity and overcrowding constraints however our team are focused to provide the highest possible standard of care within our gift..."*
>
> *"RGH ED is a warm friendly department with a strong culture of training and staff development. It has improved hugely in the last 4 years and has adapted to the pressures added due to the ongoing incident in POW. However the environment has suffered with no significant capital improvement for many years. The department is dated and too small for the demands it faces…"*

Leadership

Governance and leadership

There were a range of governance meetings, forums and processes. We reviewed a sample of meeting minutes and found them to be well attended, with diverse and well detailed agenda items. The flow of information to senior directorate and health board level meetings appeared appropriate.

We found there to be good senior experience and visibility within the department. Several managers and senior clinicians were co-located in the department and were responsive to staff need. Most staff who completed our survey agreed that senior managers are visible and committed to patient care. A smaller proportion, though still over half, agreed that communication between senior managers and staff is effective.

Most staff agreed that their immediate manager can be relied upon to support them with difficult tasks at work and that they receive clear feedback on their performance. Slightly fewer staff agreed that they are consulted before decisions are made that affect their work.

Some negative responses were received in relation to departmental management, leadership, and culture. To minimise the risk of staff being identified, these comments have not been included. However, the health board must ensure that effective channels are in place to receive and respond to concerns raised by staff.

The health board should also ensure that staff are reminded of the organisation-wide processes available to them for raising concerns, including the option to do so anonymously.

Workforce

Skilled and enabled workforce

Overall, we found staff to be positive and enthusiastic in their roles, demonstrating a strong commitment to delivering high-quality patient care and supporting service improvement.

It was encouraging to note that steps had been taken to reflect on what has been a period of significant change for the department, following structural issues at the neighbouring district general hospital and several clinical service changes. These steps included an increase in the nursing establishment within the department, the implementation of a clearly defined 'helicopter nurse' role, designed to support the safe and effective running of each shift by enabling the nurse in charge to focus on shift coordination, and confirmation from senior managers that plans for recruitment into a departmental float nurse role and a health board-wide lead nurse role were advanced.

While these initiatives are positive, it is important to note that just over half of staff respondents to our survey felt there were insufficient staffing levels to enable them to carry out their roles effectively. Several staff also highlighted that current demand on the department is contributing to burnout. Although staff spoke positively about various wellbeing initiatives in place to support them, the health

board is advised to remain mindful of this feedback in the context of ongoing service pressures.

The practice development nurse demonstrated a good understanding of staff training needs within the department. When asked whether they had received appropriate training to undertake their roles, most staff agreed. In terms of additional training that would be beneficial, several staff identified Advanced Life Support, Paediatric Advanced Life Support, and Advanced Trauma Life Support. Other topics mentioned by individual staff included minor injuries triage, cannulation and venepuncture, breaking bad news, and strengthened induction training for new staff.

The health board should consider the training suggestions provided by staff in response to our survey, such as, Advanced Life Support, Paediatric Advanced Life Support, and Advanced Trauma Life Support.

During the inspection, we noted that, despite some mitigation measures, training compliance for both adult and paediatric Immediate Life Support requires improvement. Although this did not result in the issuing of an immediate assurance letter on this occasion, the health board is expected to take timely action to strengthen compliance in these areas.

The health board must review staff compliance with all Immediate and Advanced Life Support training for both adult and paediatric patients, ensuring that improvements are made promptly.

Culture

People engagement, feedback and learning

There were several ways in which patients, carers or relatives could provide feedback about their experience of using the ED. This included questionnaires in the main waiting area, QR code posters in the paediatric ED, or by speaking to the nurse in charge. We also noted that patients are sent a text message following their discharge to request feedback.

It was positive to note that formal complaints were well managed and that they were found to be generally well responded to within the appropriate timeframe according to the Putting Things Right process.

Learning, improvement and research

Quality improvement activities

A broad range of clinical and non-clinical audits had been undertaken within the department. These included audits relating to sepsis, time-critical medications, patient experience, and compliance with neck of femur treatment protocols.

Several audits had been completed recently and provided the department with clear and specific feedback to support quality improvement. While the audits highlighted a number of positive findings, they also identified areas for improvement that the department should reflect on and address.

The health board must ensure that both the department and the wider service remain fully informed of audit outcomes and areas requiring improvement. Audit findings and associated learning must be applied effectively and subject to re-audit at appropriate intervals to monitor progress.

It was encouraging to observe the ongoing work to revise leadership and governance structures within the urgent care group and across the wider health board. These changes should support improved quality oversight, benchmarking, shared learning, and the replication of successful initiatives.

Whole-systems approach

Partnership working and development

There appeared to be effective working relationships between the Emergency Department (ED) and other wards and services within the hospital site, as well as across the wider health board. Examples of this were observed in clinical areas such as paediatrics and stroke services.

During discussions held as part of the inspection, ambulance staff from the Welsh Ambulance Services NHS Trust (WAST) reported positive working relationships with ED staff. They noted that ED staff were attentive to meeting patient needs and ensuring that handovers were carried out in a timely manner.

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
Recently expired temazepam was located in the resus area, despite being logged as being out of date and in need of replacement twice in the week prior to the inspection.	Expired medication can affect its efficacy	Escalated to management during the inspection	This was escalated to the Pharmacy Department for remedial action.
In the ambulance arrivals and triage room, we observed broken plug sockets being used for equipment. Additionally, some sockets in the decontamination room did not have suitable waterproof covers. Due to the potential electrical and fire safety risks posed, this was	Health, safety and fire risk	Escalated to management during the inspection	This was immediately flagged to the Estates Department for remedial action.

reported to staff at the time of the inspection.			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Not applicable					
2.						

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

Service representative:

Name (print):

Job role:

Appendix C - Improvement plan

Service: Royal Glamorgan ED

Date of inspection: 5-7 August 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Risk to safe and effective care (nutrition)	The health board must ensure that the ED has access to food for patients as appropriate, such as to support a patient with diabetes to maintain their blood sugar control.	Health and Care Quality Standards 2023	Cwm Taff University Health Board (CTMUHB) acknowledges that patients must have access to a variety of food to meet individual needs, including patients who are diabetic to ensure that blood sugar levels are controlled. We recognise that the ability to provide regular offers of food and fluids to patients	Regional Facilities Manager	Complete 30th September 2025

				within the department has been challenging however improvement work with the facilities team has supported options available to our patients. The catering team attend the department to provide refreshments 3 times a day from the catering trolley: 08:00 – 08:30 hours – cereal, toast and hot drink 12:00 – 12.30 hours – soup, sandwich and hot drink 17:00 – 17:30 hours – hot meal and hot drink. At the times of when the catering team attend the department, the Nurse-in-Charge (NIC) will advise of any patients that require food or drink who are currently in the waiting		

				room, on the back of an ambulance waiting to be handed over or within our fit to sit areas. Out of hours, the Emergency Department (ED) nursing team will provide refreshments of hot drinks and sandwiches which are kept in the department fridge. The Nursing staff record on the nursing documentation when a patient is offered refreshments. The ED waiting room has a vending machine offering cold snacks and there is also a vending machine providing hot and cold drinks. The vending machine stocks are replenished daily. For patients who require specific dietary needs, the catering department can be		

				contacted and food to meet the needs of the patient can be arranged. Additional information: A Band 5 registered nurse (RN) and Band 3 Emergency Department Assistant (EDA) in ED undertook a patient survey to identify if menu choice was made available to them. A PowerPoint presentation was completed to record the findings. Next steps are to meet with the facilities team to discuss the findings and discuss a plan to improve meal choice and options for our patients attending the ED.		
2.	Risk to person centred care	The health board should ensure that staff remain mindful of the need to		CTMUHB acknowledges the findings and the importance of ensuring	Lead Nurse Unscheduled Care	31st January 2026

		actively engage with certain patients / patient groups when time permits.		that all staff are mindful of the needs to ensure engagement with all patients. We recognise that effective communication and engagement are crucial to providing patient-centred care to promote positive outcomes. Ensuring our patients are actively engaged with is a whole team approach. Patient feedback is gathered on a weekly basis where feedback is collected and reviewed. Feedback from both service users and carers is utilised to support service and environmental improvements.	Senior Nurse ED Clinical Lead Emergency Lead	

				All staff are regularly reminded to introduce themselves to patients, informing them of their name and their role and to repeat this information regularly as needed. “You Said”, “We Did” promotes an inclusive culture and engagement with all patient groups, the CTMUHB Patient Experience group are reviewing this information with a view to clearly displayed it within the department The ED has been supported by a volunteer group over the past 18 months. Under nursing direction, the team undertake shift working to support		

				peoples experience within in the ED. Volunteers may carry out a combination of the tasks listed below as required: • Provide support and companionship for patients • Support patients to contact relatives and loved ones either using patient's personal device, CISCO phone or tablet where appropriate • Provide feedback to staff, transfer messages and run errands to other departments within the hospital • Provide refreshments for		

				patients (with staff guidance, checking for any allergies or diet/liquid restrictions) • Help at mealtimes to hand out food and drinks, check cutlery and utensils are suitable for patients, clear away etc. and fill up water jugs • Check in on patients and visitors in waiting areas • Replenish stock • Direct, and accompany where appropriate, patients/visitors to other areas of the hospital (not where patients		

				require a clinical escort) • Encourage and assist patients and family/friends to complete feedback survey The Department has use of the Reminiscence Interactive Therapy Activities (RITA) system for patients attending the ED. This is digital tablet-based therapy tool for patients with Dementia, cognitive impairment, and other conditions. The RITA system provides music, games, films, photos and historical news to stimulate memories, promote engagement and helps to reduce anxiety and agitation.		

				The ED has improved training compliance in undertaking Equality and Diversity online training compliance is currently 88%. Targeted area to improve training compliance by January 2026. Additional Information: • Raise further awareness to staff of the RITA system. A written memo will be completed to share widely with our teams. • Develop a patient experience group within the ED to promote quality improvements towards the		

				experience for our patients. • PCH ED has shared the Dementia improvement work undertaken there with RGH to promote shared learning and commence plans to implement improvement work undertaken. • 8 members of the nursing team have been allocated to attend Dementia training between November 2025 and January 2026. Will ensure training is cascaded across the wider team		

				and a Dementia Champion will be identified.		
3.	Risk to person centred care	The health board should explore the availability of washing or showering facilities for patients who are accommodated in the ED for significant periods of time, or whose medical condition / presentation might necessitate it.		Cwm Taff University Health Board recognises the current unavailability of washing and/or showering facilities within the ED. All patients attending the ED are offered wash facilities by the way of disposable wash bowls, individual soap sachets also providing a stock of toothbrushes, toothpaste and hair coombs. For our patients who are accommodated in the ED for a longer period of time, we have explored departments located around the ED	Lead Nurse Unscheduled Care Senior Nurse ED	30 Sept 2025

				to identify facilities which may be considered as an available option to our patients. The Radiology Department which is adjoined to the ED has showering facilities. Since the HIW visit, we have discussed the option of the use of the showering facilities with radiology colleagues who have confirmed that showering facilities within the radiology department can be utilised. This agreement enables staff to offer suitable patients to access washing and showering facilities during their stay within the ED. - Environmental audit / risk		

				assessment of washing facilities to ensure suitable for patients - Review staffing allocations where patients may require supervision or support with personal care. Additional Information: • Share the above agreement with the nursing team to raise awareness of accessible facilities for our patients who can be offered to		

				shower during their stay at ED.		
4.	Risk to safe and effective care	The health board must continue to be highly cognisant of the footprint of the department and its ability to remain fit for purpose in the context of current demand, capacity and usage.		CTMUHB recognises the requirement to continually the ED footprint and its ability to remain fit for purpose in the context of current demand and capacity. Following service reconfiguration as a result of the Critical Incident in Princess of Wales Hospital, a comprehensive review of the current ED footprint will be required to ensure it aligns with evolving service needs. This review should consider patient flow, workforce requirements, infrastructure limitations, and future	Directorate Manager Emergency Medicine	31 March 2026

				growth projections to ensure the department remains responsive, safe, and sustainable.		
5.	Risk to timely, safe and effective care	The health board must ensure that the length of time a patient in seated for is appropriate in the context of the patient criteria and clinical need.		CTMUHB recognises that assurance must be provided to acknowledge the importance of ensuring that patients sitting in chairs are appropriate in the context of clinical need and are not in chairs for extended periods of time. To address this, a 12-hour action card is being developed, in its infancy stages, to identify and support prioritisation of patients who have been within the department in excess of 12 hours	Clinical Lead ED Lead Nurse Unscheduled Care Senior Nurse ED	31st October 2025

				which can include prompts to review the length of stay experienced within a chair and prioritisation for a suitable flat space. The nursing team including a newly developed role of the 'Helicopter Nurse' will conduct regular assessments of patients in chairs to determine appropriateness and highlight patient prioritisation. The NIC ensures appropriate escalation, ensuring daily discussions as part of the formal "Safe to Start" meetings undertaken at 08:00 hours and 14:30 hours, recognising risk to		

				patients, risk of pressure damage and patient experience. The number of patients waiting in chairs is also highlighted at the three daily HB conference calls. Recent patient experience improvement work has been undertaken to offer suitable patients ear plugs and eye masks within busy fit to sit areas to promote rest and sleep. The ED utilises Repose pressure relieving aids which are offered to patients who are identified as at risk of developing pressure damage. The ED huddles which occur 3 times daily include		

				focus on patient safety and quality, which includes escalation for patients who are seated for prolonged length of time and who are at risk of developing pressure damage. A recent Pressure Ulcer prevalence audit has been undertaken within the ED where feedback has been presented. The audit recognises the requirement to continue to supply a sufficient stock of repose pressure relieving cushions for our patients who are seated in chairs. Next Steps:		

				• In addition to the steps already undertaken an amendment will be made to the ED Safe to Start proforma to include details of patients who have spent a prolonged wait in a chair. The 4-hour performance metric should support the reduction in length of time waiting in chairs and this needs to be supported by effective patient flow out of the Emergency Department.		
6.	Risk to safe care and the workforce	The health board must consider the recommendations of RCEM (December 2020) regarding security and restraint and		CTMUHB acknowledges the findings regarding the requirement to ensure consistent	Lead Nurse Unscheduled Care	

		ensure that ED staff can access a consistent site security presence.		access to on site security presence. The ED regularly receive Violence and Aggression (V&A) Modules B - Personal Safety & De-escalation and Module C - Breakaway & Escape Techniques. Historically CTMUHB Emergency Departments have not been trained in Module D - Physical Restraint Techniques (PMVA) and the onsite security team are trained to assist with restraint. Since the introduction of Right Care Right Person by South Wales Police, ED staff cannot guarantee support from South Wales Police to	Facilities Service Director	31st March 2026

				attend incidents of violence. Datix incident analysis over the past few years shows security porters have been required to manage restraint incidents without back up support from South Wales Police. There are two security porters available to manage violence at any given time and this is to support the hospital site. Next steps: The facilities team are currently undertaking a review of the security team establishment and a training needs analysis to support the increase of security		

				availability at the hospital site. The facilities team are undergoing improvement work to review the current establishment of the security team and implement a training plan for PMVA training.		
7.	Risk to safe care (Infection Prevention and Control)	The health board should ensure that staff are reminded of the importance of good hand hygiene principles.		CTMUHB recognises the importance of reminding staff to comply with Bare Below Elbow (BBE) guidance and adhering to good hygiene principles. The ED has undertaken targeted work to improve BBE compliance by: • displaying visual posters at the entrances of the ED to remind	Lead Nurse Unscheduled Care Senior Nurse ED Clinical Lead Emergency Department	Complete 30th September 2025

				staff to ensure BBE prior to entering the clinical area • reiterating the necessity of being BBE on each nursing and clinician handover • Regular memos shared with staff via our information sharing platforms – weekly newsletter, printed memos and internal social media platforms. • Departmental monthly AMaT audits are undertaken to monitor trends,		

				improvements and progress. • Deputy Medical Director has reminded all resident medical staff of the need for BBE compliance (this is also included in Resident Doctor Induction sessions) • BBE compliance is presented via the monthly IP&C site meetings including lessons learned • BBE audits are presented at the bi-weekly ED governance meetings for wider learning		

8.	Risk to safe care (IPC)	The health board should replace torn seating to maintain effective cleaning and IPC standards.		CTMUHB recognises the importance of ensuring that all equipment and seating are maintained effectively to ensure effective cleaning and adhering to IP&C standards. We recognise that torn or damaged seating can pose a risk to IP&C and compromise the cleanliness of the department. A walk-through in the department has been undertaken on the 24th September 2025 by the ED Band 7 management team to identify both condemned and torn seating. This enables us to prioritise the replacement or repair of our chairs.	Directorate Manager Emergency Medicine	31 October 2025

				AMaT audits are undertaken which incorporates IP&C environmental audits to ensure regular maintenance of our chairs are implemented to enable us to efficiently address damaged or torn seating. Next Steps: • Received quote for new chairs to replace condemned furniture. This quote has been submitted for approval.		
9.	Risk to safe and effective care (pressure damage)	The health board must ensure that staff accurately assess and document		CTMUHB acknowledges the importance of providing assurance	Lead Nurses Unscheduled Care	31 December 2025

		pressure and skin tissue damage in clinical notes.		that staff assess and document pressure and skin tissue damage. The nursing team are able to provide assurance of awareness that a skin assessment must be undertaken within 6 hours of arrival as per Health board policy. The ED Nursing documentation includes relevant risk assessments and documents to allow contemporaneous documentation following a skin assessment. This includes initial skin assessment with body map, Purpose T assessment and repositioning charts.	Senior Nurses ED	

				The role of the 'Helicopter nurse' is to undertake documentation checks which is documented within a checklist on the back of the ED nursing pack to support live auditing and timely actions to be undertaken. As addressed previously, a recent Pressure Ulcer prevalence audit has been undertaken within the ED and feedback has been presented. Should an incident occur relating to Pressure, ED attends the pressure assurance panel which runs weekly.		

				The Pressure Ulcer Prevention Champion collates lessons learned following panels to include within the training programme as described in next steps. The ED displays a Governance Board on the main corridor of the ED which includes incident reporting data, lessons learned, learning from excellence and trends identified. Current ED training compliance for Pressure Ulcer Training is 71%. A trajectory of improvement of training compliance has been made. The Band 7 Practice Development Nurse (PDN) will work alongside the ED		

				Pressure Ulcer Prevention Champion to target training compliance improvement by December 2025. Next Steps • The audit recognises the requirement to update the ED nursing documentation pack to include a formalised care plan which has been supported by our Tissue Viability Nursing (TVN) team. The updated ED nursing pack is currently in draft and with a view to implement		

				across the 3 ED's in CTMUHB. The ED has recently supported the enthusiasm of Band 6 RN to become the ED Pressure Ulcer Prevention Champion who is currently working on an internal training programme collaboratively with the TVN to incorporate education, the good work being undertaken and areas for improvement.		
10.	Risk to safe and effective care (falls)	The health board must ensure that multifactorial risk assessments and relevant care plans are		CTMUHB recognises the importance of completing multifactorial risk assessments and care	Lead Nurses Unscheduled Care Senior Nurses ED	31 December 2025

		completed promptly when identified as necessary.		plans in a timely manner to ensure that our patients receive the highest quality of care which is patient centered. We recognise the importance in completing these assessments and plans to promote patient safety. The ED nursing documentation pack includes relevant risk assessments and care plans to support our patients. To ensure that our assessment processes are efficient, effective and timely, we are planned to undertake a review of the current ED nursing pack across the 3 EDs in CTMUHB. Following a review and		

				implementation of the updated ED nursing pack, we will ensure nursing staff are trained and competent to complete the multifactorial risk assessments. As identified previously, the role of the 'Helicopter nurse' is to undertake documentation checks which is documented within a checklist on the back of the ED nursing pack to support live auditing and timely actions to be undertaken. In the event of implementing new/updated documents, we ensure that all staff are briefed both via verbal and		

				written memos, by utilising internal social media page, emails, weekly ED newsletter and uploaded on the ED SharePoint page on the Health Board Intranet.		
11.	In aid of learning and improvement	The health board should re-audit the paediatric department against the RCPCH standards, with particular focus on paediatric workforce capacity.		CTUMHB recognises the importance to audit and revisit the RCPCH audit following the implementation of a designated paediatric area in the ED. The ED has developed a Paediatric Emergency Medicine (PEM) group who are currently undertaking a review of the RCPCH standards to benchmark against previous audits prior to implementing the designated paediatric area.	PEM Consultant ED Senior Nurse	31 October 2025 31 December 2025

				Current workforce establishment: 1.6 WTE PEM consultants covering a 6-hour period, 5 days a week. x 1.0 WTE Band 7 Paediatric Lead x 2.0 WTE Band 6 Paediatric nurses x 4.0 WTE Band 5 Paediatric Nurses Additional Information: • Focus on workforce capacity • The RGH ED PEM group will complete benchmarking exercise within the next 3 months.		

12.	Risk to safe and effective care (nutrition and hydration)	The health board must ensure that patients' nutrition and hydration intake is accurately assessed, actioned, and recorded in their clinical notes.		CTMUHB acknowledges the importance of accurately assessing, acting on and recording patients nutritional and hydration intake to ensure that patients nutritional needs are met. The ED nursing pack includes the appropriate nutritional risk assessments to facilitate recording of a patient's requirements. The ED nursing pack includes appropriate risk assessments to ensure that patients' nutrition and hydration intake is accurately recorded within nursing notes and that the	Lead Nurse Unscheduled Care Senior Nurse ED	Complete 30th September 2025

				information documented is used to inform a plan of care. To ensure compliance with its use 'Helicopter nurse' will undertake documentation checks which is documented within a checklist on the back of the ED nursing pack to support live auditing of risk assessments and to ensure timely actions are undertaken.		
13.	Risk to safe and effective care (nutrition and hydration)	The health board should continue to review its catering provision for patients who remain in the department for extended periods, as well as for those with specific medical conditions, vulnerabilities, or dietary requirements.		Cwm Taff University Health Board (CTMUHB) acknowledges that patients must have access to a variety of food to meet individual needs, including patients who are diabetic to ensure that	Regional Facilities Manager	Complete 30th September 2025

				blood sugar levels are controlled. We recognise that the ability to provide regular offers of food and fluids to patients within the department has been challenging however improvement work with the facilities team has supported options available to our patients. The catering team attend the department to provide refreshments 3 times a day from the catering trolley: 08:00 – 08:30 hours – cereal, toast and hot drink 12:00 – 12.30 hours – soup, sandwich and hot drink		

				17:00 – 17:30 hours – hot meal and hot drink. At the times of when the catering team attend the department, the Nurse-in-Charge (NIC) will advise of any patients that require food or drink who are currently in the waiting room, on the back of an ambulance waiting to be handed over or within our fit to sit areas. Out of hours, the Emergency Department (ED) nursing team will provide refreshments of hot drinks and sandwiches which are kept in the department fridge. The Nursing staff record on the nursing documentation when a		

				patient is offered refreshments. The ED waiting room has a vending machine offering cold snacks and there is also a vending machine providing hot and cold drinks. The vending machine stocks are replenished daily. For patients who require specific dietary needs, the catering department can be contacted and food to meet the needs of the patient can be arranged. Additional information: A Band 5 registered nurse (RN) and Band 3 Emergency Department Assistant (EDA) in ED undertook a patient		

				survey to identify if menu choice was made available to them. A PowerPoint presentation was completed to record the findings. Next steps are to meet with the facilities team to discuss the findings and discuss a plan to improve meal choice and options for our patients attending the ED.		
14.	Risk to safe and effective care (nutrition and hydration)	The health board should ensure that hydration needs are being met in a more consistent and structured manner.		CTMUHB wishes to acknowledge the vital importance of ensuring our patients' hydration status is regularly assessed. Accurate monitoring and recording of patients' fluid intake is vital to ensure that	Lead Nurse Unscheduled Care Senior Nurse ED	Complete 30th September 2025

				accurate hydration is received. CTMUHB recognises the importance of ensuring that drinks are offered and available for our patients. The nursing team will ensure that water jugs are regularly filled with fresh water and available to patients in the waiting area and that jugs of water are offered to our patients within clinical areas. The ED volunteer team will also support regular refreshments and refills under direction from the nursing team. During catering hours, the catering team will attend the department 3 times a day to offer		

				both hot and cold refreshments. Outside of catering working hours, the catering team will ensure that the department has stock for the nursing team to offer both hot and cold drinks to our patients Continuous work via patient surveys will allow monitoring and improvements of catering provisions available which allow efficient action to support continuous improvements.		
15.	Risk to safe, effective and person-centred care (record keeping)	The health board should consider incorporating an audit of the condensed nursing bundle into existing departmental audit processes to ensure its		CTMUHB acknowledges the importance of auditing the ED nursing pack to measure appropriateness of its use.	Lead Nurses Unscheduled Care Senior Nurses ED	31st December 2025

		appropriate use and effectiveness.		To ensure that our assessment processes are efficient, effective and timely, we are planned to undertake a review of the current ED nursing pack across the 3 EDs in CTMUHB. Following a review and implementation of the updated ED nursing pack, we will ensure appropriateness and effectiveness of its use. • Following a review of the ED nursing pack and agreement of the updated documentation, we plan to meet with the AMaT team to discuss implementing an electronic audit		

				which can record usage and effectiveness of the ED nursing pack. • An audit review will allow monitoring of the use of the ED nursing pack and highlight what is working well and which areas require improvement.		
16.	Risk to culture (speaking up)	The health board should also ensure that staff are reminded of the organisation-wide processes available to them for raising concerns, including the option to do so anonymously.		CTMUHB recognises the importance of ensuring that all staff are aware of the organisational availability to raise concerns including the option to raise concerns anonymously which promotes an open culture.	Lead Nurse Unscheduled Care Senior Nurse ED	31st October 2025

				The ED has set up a process for staff to have the opportunity to post written feedback on small cards that can be placed in a sealed box or via a QR code to a Microsoft form (ideas and concerns) which is collected and reviewed on a weekly basis. Following feedback review, we will ensure that we feedback to the team on actions we can support, progress or which may require further discussion. The ED band 7 managers undertake 1:1 wellbeing session with staff. The wellbeing session is an informal meeting offering the nursing team to have dedicated time with their line managers to		

				discuss what is going well, areas of concern and allows a confidential session to discuss the staff members wellbeing. • A memo will be circulated to the ED team via our information sharing platforms to remind staff of the process on how concerns can be raised and the opportunity to raise a concern anonymously. • The 'Dealing with Anonymous Concerns Procedure' is accessible via the intranet page. We will ensure a link is provide on		

				the ED SharePoint page to raise awareness and allow ease of access to this information. • The 'Dealing with Anonymous Concerns Procedure' details how the organisation will act upon any information received anonymously, in accordance with existing protocols, policies and procedures, and aims to ensure that:		

				• Anonymous allegations or concerns are taken seriously; and • CTMUHB provides a consistent approach in dealing with anonymous communications. The ED senior team will ensure that the policy is accessible to all staff to raise awareness of the support offered by the organisation.		
17.	Risk to safe and effective care (training) and workforce	The health board should consider the training suggestions provided by staff in response to our survey, such as, Advanced Life Support, Paediatric Advanced Life Support, and		CTMUHB acknowledges that compliance for mandatory resuscitation training is not where we want it to be. The ED currently has 46 staff booked on various resuscitation courses, compromising of both	Lead Nurse for Acute Deterioration and Outreach Services Senior Nurse ED	31st March 2026

		Advanced Trauma Life Support.		inhouse and external training. It is important to note that there is currently a delay with booking resuscitation courses via the resuscitation team due to staff shortages amongst the team which is currently affecting course availability. Resuscitation training is a recognised constraint within the Health Board and new ways of working are being explored. Please see attached current training compliance for ED including all available resuscitation courses with a trajectory plan: Current Trauma training Compliance: • MTLS = 45% • TNCC = 24%		

				• Overall level 2 trauma = 69% (Band 6&7 only) An 8a Senior Nurse for Professional Education has been appointed (August 2025) who is undertaking a training needs analysis and a study plan for all RNs and HCSW which will align across the 3 ED's. • The PDN across the 3 EDs are currently working towards instructor potential to enable and facilitate inhouse training to support training compliance improvements. A trajectory		

				improvement action plan has been made to improve compliance to 100%.		
18.	Risk to safe and effective care (training) and workforce	The health board must review staff compliance with all Immediate and Advanced Life Support training for both adult and paediatric patients, ensuring that improvements are made promptly.		CTMUHB acknowledges that compliance for mandatory resuscitation training is not where we want it to be. The ED currently has 46 staff booked on various resuscitation courses, compromising of both inhouse and external training. It is important to note that there is currently a delay with booking resuscitation courses via the resuscitation team due to staff shortages amongst the team which is currently affecting course availability. Resuscitation training is a recognised constraint	Lead Nurse for Acute Deterioration and Outreach Services Senior Nurse ED	31st March 2026

				within the Health Board and new ways of working are being explored. Please see attached current training compliance for ED including all available resuscitation courses with a trajectory plan: Current Trauma training Compliance: • MTLS = 45% • TNCC = 24% • Overall level 2 trauma = 69% (Band 6&7 only) An 8a Senior Nurse for Professional Education has been appointed (August 2025) who is undertaking a training needs analysis and a study plan for all RNs and HCSW which will align across the 3 ED's.		

				The Practice Development Nurses (PDN) across the 3 EDs are currently working towards instructor potential to enable and facilitate inhouse training to support training compliance improvements. A trajectory improvement action plan has been made to improve compliance to 100%.		
19.	In aid of learning and improvement –	The health board must ensure that both the department and the wider service remain fully informed of audit outcomes and areas requiring improvement. Audit findings and associated learning must be applied effectively and subject to re-audit at appropriate		CTMUHB recognises the importance of ensuring that staff are fully informed of audit outcomes and areas requiring improvement to promote staff engagement and drive continuous quality improvement.	Lead Nurse Unscheduled Care Senior Nurse ED Clinical Lead Emergency Department	Complete 30th September 2025

		intervals to monitor progress.		Audit outcomes are shared with our clinical and nursing teams during departmental audit days, where each audit lead presents their findings to the wider group. These sessions provide a platform for open discussion, enabling staff to contribute to the development of improvement actions. The next planned audit day is scheduled for 5th November 2025. Audit results are also incorporated into our monthly Performance and Assurance meetings, which feeds into a ward-to-board assurance processes, ensuring a consistent and transparent flow of information across all levels of the organisation.		

				Further dissemination occurs through our departmental Governance meetings, where audit outcomes are reviewed and discussed with teams. Quality improvement projects arising from these audits are shared during our weekly departmental senior team meetings, weekly pan-CTM ED meetings, and Quality, Safety, Risk and Experience (QSRE) meetings for Unscheduled Care, promoting shared learning across the Health Board. To ensure staff are kept up to date, new developments and improvement work driven by audits are communicated weekly via our “Message of the Week.” This message is distributed through the ED internal social media		

				platform, the weekly ED newsletter, and displayed in the ED staffroom to maximise visibility. The ED clinicians have bi-annual audit day and a dedicated paediatric audit day been introduced in July 2025. CTMUHB remains committed to fostering a culture of quality improvement, learning, and transparency. • Audit outcomes will be summarised and included in the weekly ED newsletter to enhance visibility and support wider team engagement.		

				There is an ED Consultant lead for audit.		

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): **Sarah Follows**

Job role: **Service Director for Unscheduled Care Group, Cwm Taf Morgannwg University Health Board**

Date: **29.9.2025**