

Follow-up Inspection (Unannounced)

University Hospital of
Wales/Cardiff and Vale University
Health Board/ Emergency Unit
and Assessment Unit

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2020

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- 1. Independent**
- 2. Objective**
- 3. Caring**
- 4. Collaborative**
- 5. Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced follow-up inspection of Emergency Unit (EU) and Assessment Unit (AU) in University Hospital Wales within Cardiff and Vale University Health Board on the 10 and 11 March 2020.

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

During our last inspection of the Assessment Unit (AU) and Emergency Unit (EU) in March 2019, we had immediate concerns regarding the quality of patient experience within the AU lounge. We also had immediate concerns, regarding the delivery of safe and effective care for patients within the AU and EU, and were therefore not assured that all the processes and systems in place were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care.

During this follow-up inspection, it was positive to find that the health board had made good progress over the past 12 months. It had implemented the improvements noted in their action plan last year. However, some areas remained in need of improvement, and these are referred to in more detail within the relevant sections of this report.

We found significant improvements within the AU lounge, and the AU overall, in relation to the patient experience and safe and effective care. This was achieved by improvements not only within the AU and EU, but we also saw evidence of change to support the AU within the wider hospital, with changes to models of care in other departments, such as increasing admission times within the Surgical Assessment Unit (SAU), and the implementation of the Trauma Assessment Care Unit (TACU). We also saw evidence that timely access to care had improved, along with improvements with staffing and recruitment.

Overall, we found evidence that the health board strived to provide a good patient experience and deliver safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients we spoke with said staff were kind and professional

- Senior Managers were visible, approachable and proactive
- We observed effective communication and professionalism between members of staff
- Posts within the nursing establishment had been filled in the EU, which has improved patient care and safety
- Promptly providing us with copies of comprehensive procedures and protocols for the AU and EU
- Resuscitation equipment was checked regularly and following a cardiac arrest we saw the resuscitation trolley was replenished, checked and ready for further use
- We saw information readily available for sepsis, and a dedicated sepsis board was displayed within the unit
- We noted that controlled drug and food fridges were regularly checked and locked
- Healthcare audits which allowed for general observations and judgements to prompt the department to take action
- We observed the acuity of patients being checked by consultants and the ward manager during frequent ward rounds
- We attended hospital patient flow meetings and saw evidence of effective patient flow and bed allocation, and use of the 24 hour facility in the surgical assessment unit
- We saw evidence that the length of patient stay was being monitored, and issues escalated where applicable
- We saw Red Cross volunteers in a support role, communicating with patients and assisting with nutritional requirements
- Staff told us they felt supported by management.

This is what we recommend the service could improve:

- All patients receiving medication should have a patient identification band
- The décor, fixtures and fittings, fire prevention and security facilities in the paediatric EU emergency unit require improvement

- Ensure adequate nurse staffing levels on night shifts in the paediatric EU and paediatric EU consultant cover
- Cleanliness and security of the tunnels used for the transportation of patients to wards and the children's hospital
- The positioning of recliner chairs in the assessment lounge to ensure patient privacy and comfort
- Provision of drinking water in the emergency lounge waiting area
- Adequate and appropriate completion of nursing documentation in the emergency unit
- Security of medication and drugs removed from cupboards and fridges and left on worktops
- Regular disposal of the contents of sharps boxes
- Staff training compliance and completion of personal development reviews.

HIW last inspected the EU department in the University Hospital of Wales on 25, 26 and 27 March 2019.

The key areas for improvement we identified included the following:

- Staff vacancies to be advertised and filled
- Privacy, dignity and comfort of patients
- Basic nutrition and hydration for patients
- Model of care for managing patients in the AU lounge, and the provision of care to patients in relation to pressure ulcers and falls
- An understanding of why staff feel there is a risk to patient safety in the AU lounge
- Improvements to prevent the 12 hour breach of patient care ensuring patients are treated, transferred to a ward or discharged within 12 hours
- To ensure resuscitation equipment is safe and available to use across the whole department
- Safe storage of refrigerated medication.

The purpose of this inspection was to follow-up the actions taken by the health board to address recommendations made during an inspection completed on the 25, 26 and 27 March 2019.

3. What we found

Background of the service

Cardiff and Vale University Health Board (CVUHB) is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they train healthcare professionals and work together on research.

The health board employs approximately 14,500 staff, and provides health and well-being services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

The University Hospital Wales (UHW) is a 1,080 bed hospital located in Cardiff. The hospital is the third largest university hospital in the UK and the largest hospital in Wales. The UHW site also houses a dental hospital and the Noah's Ark Children's Hospital for Wales.

The EU is located on the lower ground floor of UHW, and deals with serious accidents and emergencies and is open 24 hours. The EU has a number of assessment and treatment areas including a resuscitation area, majors and minors cubicles and a triage room.

The AU is situated on the lower ground floor of UHW, and is directly linked to the EU, and is open 24 hours. The AU has 27 trolley spaces with 15 in the north wing and 12 in the south wing. The AU has a lounge area with hard back chairs and reclining chairs. Patients wait in this area for assessment, allocation to a bed/trolley and may either be admitted as an in-patient, be treated or discharged home.

There is a Medical Emergency Ambulatory Care Unit (MEACU). This department aims to provide efficient and effective management of critically injured patients in EU. The MEACU is open and staffed from 09:00am until 11:00pm. Patients attend the MEACU following referral by their GP for further medical assessment. MEACU has a patient seating area and five assessment bays.

The hospital has a Surgical Assessment Unit (SAU). This unit does not form part of the EU and sits within a different clinical board. However, surgical patients are received from EU and AU and direct from General Practitioners (GP). This SAU

is open seven days a week and 24 hours a day for new admission, Monday morning to Friday evening, and is open 24 hours a day on Saturday and Sunday, but does not admit new patients during the weekend.

Nurses in the EU identify patients suitable to attend the Trauma Ambulatory Care Unit (TACU). This unit allows patients to be assessed, diagnosed and treated on the same day with a view to discharge. GPs are also able to refer patients direct into TACU. The unit closes at 7.30pm. Patients may be asked to return for further treatment the next day and in some cases patients are admitted as an in-patient elsewhere in the hospital where applicable.

The Paediatric Emergency Unit is situated beside the main EU and is open 24 hours a day. The unit is small and comprises a waiting room, small triage room, staff room and three beds. Children are cared for in this unit and discharged or admitted as in-patients and transferred to the Children's hospital which is on the UHW site.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

During our inspection in March 2019, we identified that numerous patients were sitting in chairs within the AU lounge for unacceptable periods of time. The lounge was cramped and offered little or no privacy for patients, and many were sat in chairs throughout the night therefore, leaving them vulnerable and often preventing them from sleeping.

During this follow-up inspection, it was positive to see that the health board had implemented and sustained the majority of the improvements listed in their action plan following the last inspection.

We spoke with patients who expressed satisfaction with the care and treatment they had received. Most patients rated the care and treatment provided during their stay in hospital as excellent, although some said this was average. We also observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

The immediate assurances required during the last inspection

Areas for immediate improvement identified at last inspection included the following:

- Patient comfort is maintained within the lounge area in AU, whilst they are waiting for assessment or allocation to a bed
- Privacy and dignity is maintained due to the location of the lounge area. Consideration must be made when patients request assistance to use the toilet facilities
- Patients are not left sitting in the chair within the lounge for prolonged periods of time, particular by night, resulting in sleep deprivation

- Hot meals are offered to patients along with consideration of their nutritional requirements, for those identified as requiring admission to a bed, and for those waiting for assessment over prolonged periods of time
- Basic patient hydration is maintained and water is readily available for those sitting in the lounge, particularly for those who have mobility difficulties.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 7 June 2019:

Assessment unit

- To increase the number of staff in the Assessment Unit Lounge area and to ensure periodic review of the need to escalate patient care
- Erect a curtain rail to screen off the AU lounge seating area and to use mobile screens. Ensure adequate supervision to enable staff to support patients
- Provide recliner chairs for patients to use and trolleys for those patient who are expected to spend longer in the AU
- To remind staff of their responsibility to keep the noise and disturbance by night to a minimum
- To introduce a revised nutrition and hydration plan in the AU lounge area that allows patients to have access to meals and to ensure staff facilitate and promote good patient hydration
- To introduce an AU lounge Standard Operating Procedure (SOP) formalising the escalation process and decision and outlining staff roles and responsibilities.

What we found on follow-up

We found that the health board had made significant improvements in the AU following the previous inspection, and implemented and sustained the majority of the improvements listed in their action plan. However, some areas required further improvement, and these are referred to in the main body of the report.

Assessment unit

During the course of our follow-up inspection we noted the improvements as follows:

- The number of staff in the AU lounge had been increased. A SOP had been introduced outlining working practices, staff roles and responsibilities and the escalation process
- A curtain rail had been erected to screen off the AU lounge seating area and along with use of mobile screens. We observed staff providing assistance to patients with all aspects of their care and when mobilising to the toilet
- We saw recliner chairs in the assessment lounge. However, these chairs had been placed close together and tightly against a wall. Patients were unable to properly recline, and the close proximity of the chairs did not allow for confidential discussions to take place
- We noted the ambience in the department during the day was pleasant, quiet and noise was kept to a minimum
- The nutrition and hydration plan was in place and we saw refreshments, meals and hot soup being made available to patients. We saw water jugs around the EU however, we noted that some were empty and the water provided in others needed to be refreshed.

Additional improvements required following the last inspection

Areas for improvement we identified during the last inspection included the following:

Emergency Unit and Assessment Unit

- Patient privacy and dignity during triage
- Requirement for additional signage and bilingual healthcare information
- Health board plans to address ongoing recruitment and retention of staffing issues
- Review of the process for accepting patients from GPs
- The arrangements for the handover of patients between ambulance crews and the EU and the requirement for a SOP
- Staff to reflect patient needs in assessments and care plans

- A requirement to display the NHS Wales Putting Things Right (PTR) process through posters and leaflets.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 7 June 2019:

Emergency unit and Assessment unit

- Maintain patient privacy and dignity by closing triage doors and curtains around beds
- Order bilingual signage and health care and injury leaflets as a priority. Ensure other language requirements are considered on a case by case basis using Language Line and translation services
- Address ongoing recruitment and retention of staffing issues
- Progress the joint project between Primary Community and Intermediate Care (PCIC) and Medicine to review the streaming of patients and develop a crib sheet to ensure adequate assessment of patients from GPs
- Remind staff of the SOP which details the handover of patients between ambulance crews and the emergency department
- Inform staff to reflect patient needs in assessments and care plans
- Display NHS PTR posters and leaflets.

What we found on follow-up

Emergency unit and Assessment unit

During the course of our follow-up inspection we noted the following:

- We saw that the door to the EU triage room was open whilst patients were being triaged. We were informed however, patients were asked if they wanted the door to be closed, and if they wanted a chaperone
- We saw patients being encouraged to eat, and saw hot soup and sandwiches being offered. We saw signs providing patients with meal times, and other options were available to buy food and drink from vending machines and other hospital facilities

- Signage throughout the units had been improved however, we were asked on a number of occasions for directions by patients and families. We noted that signage was required in MEACU to inform patients to take a seat and not wait at the reception
- We were provided with evidence of bilingual health care and injury leaflets
- The EU provided evidence that they had recruited nurses and health care assistants
- The implementation of an eligibility criteria for patients streamed into MEACU
- We saw the SOP for the handover of patients between ambulance crews and the emergency department, and we were informed staff had been reminded of procedural requirements
- We saw evidence of training schedules, safety briefings and staff huddles
- NHS PTR posters and leaflets were on display along with the health board concerns process, and information relating to the Community Health Council (CHC).

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 20 were completed with 17 by patients, two by patient relatives, and one on behalf of a patient. Patient comments included the following:

“I was seen so very quickly and given medication fast as I was in a lot of pain”

“No complaints everything seems to be good and attended as quick as possible, compared with previous visits”

Additional findings

Staying healthy

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. Patients we spoke with commented positively on the way staff carried out their duties.

Dignified care

From those patients and relatives who completed a questionnaire, nearly all respondents agreed staff were kind, sensitive and provided the care they needed when they carried out treatment. Patient comments included:

“All the hospital staff are very polite, understanding and helpful to myself and my wife, I can't praise them enough”

“Very caring and hardworking team. Nurses and Doctor were very polite to myself and family members who were here with me”

“The staff have all been lovely and very reassuring in a stressful situation for me”

During our inspection of EU, we noted that the toilet facilities were clean and in a satisfactory state of repair.

We observed curtains drawn around patients when care was being undertaken, and also observed curtains drawn slightly when patients requested some privacy. We noted that there were disposable screens around patient bays in the assessment unit, to maintain infection prevention and control.

Senior managers informed us that the Red Cross volunteers were an invaluable resource, and provided notable support to patients whilst they were in the EU.

We saw that an additional door had been placed inside the main EU triage room following our recommendation in the last inspection. This provided staff with an alternative route of exit out of the room if required. During our inspection, we saw that the triage room door consistently remained open. The door should be kept closed during triage, to maintain dignity, privacy and confidentiality. During inspection, conversations could be overheard by members of the inspection team who were stood nearby.

We noted that there was no designated area in the small minor injury unit, which allowed a health professional and patient to have a confidential conversation. We were also aware that patients in the bed close to the nurse's station may be able to see the contents of other patient case notes.

We noted that the bereavement room was very dark and unwelcoming for distressed or bereaved relatives and may benefit from redecoration.

Improvement needed

The health board is required to ensure that:

- Staff close the triage door to protect patient dignity, privacy and confidentiality
- Consideration is given to how staff can have private and confidential conversations with patients in the minor injuries unit
- Consideration is given to improving the décor within the bereavement room.

Patient information

We saw a range of bilingual health promotion leaflets and information available to patients and families in both units, which included alcohol awareness, hydration, dementia care and diabetes, and a dedicated sepsis noticeboard was also visible.

Signage around the units had been much improved, although additional signage would be of benefit in MEACU, to inform patients on arrival that the reception was not manned and they should take a seat, and wait to be called. We advised senior managers of this during our inspection.

Information was available for the Community Health Council (CHC)¹ and Patient Advice and Liaison Services (PALs)².

Communicating effectively

We observed staff communicating effectively with each other, and with patients and their families during the inspection. We saw staff speaking in a respectfully low but clear tone with patients, to help maintain confidentiality. We also saw that

¹ <http://www.wales.nhs.uk/sitesplus/899/home>

² [http://www.cardiffandvaleuhb.wales.nhs.uk/patient-advice-and-liaison-service-pals#:~:text=Contact%20PALS,5pm%20\(Monday%20to%20Friday\).&text=You%20can%20also%20e%20mail,Language\)%2C%20please%20use%20SignVideo.](http://www.cardiffandvaleuhb.wales.nhs.uk/patient-advice-and-liaison-service-pals#:~:text=Contact%20PALS,5pm%20(Monday%20to%20Friday).&text=You%20can%20also%20e%20mail,Language)%2C%20please%20use%20SignVideo.)

although they were very busy in their roles, staff always had time to speak and listen effectively. One patient commented:

“All staff in A&E have advised me throughout, spoke to me about what was going on and what they are going to do”

However, one patient expressed concern about communication with staff:

“Lack of communication from the Doctors’ part”

Around half of respondents said they were not offered the option to communicate in the language of their choice, however, they were called by their preferred name. The health board should ensure that they recognise and address individual language needs.

We saw staff wearing lanyards which identified them as being able to speak Welsh, and this was also notable by a small badge on their uniform. Some staff also indicated they were currently learning to speak the Welsh language.

Improvement needed

The health board is required to ensure that:

- Patients are provided with the option to communicate in the language of their choice.

Timely care

We found significant improvements within the AU lounge and AU overall, in relation to the patient experience and safe and effective care. This was achieved by improvements not only with the AU and EU, but also within the wider hospital and changes to models of care across the clinical boards. From this, we also saw evidence that timely access to care had improved along with great improvement with staffing and recruitment.

The EU was quiet upon our arrival at 7.30am with only a small number of self-presenting patients in the waiting room. We noted that there were no ambulances waiting outside the EU.

From a total of 20 completed questionnaires, some patient comments highlighted concerns about waiting times which included:

“My care was excellent only disappointment is the length of time I have spent without a bed. I had to stay in a chair for

over 28 hours but I do understand how under staffed you are and the shortage of beds”

“Care & treatment very good. Just waiting time very long. When not feeling well but realise can't be helped”

However, some patients expressed positive comments in relation to their timely care, which included:

“Prompt attention provided”

We attended a hospital morning patient flow meeting. We noted that patient flow managers discussed numerous hospital and health board flow issues, which included availability of beds, the current status of the EU, patient flow throughout the hospital, priority patients requiring urgent beds and potential discharges.

The health board has a range of comprehensive SOPs that effectively detail patient flow in the EU and around the hospital.

Improvement needed

The health board is required to ensure that:

- Patient comfort and care needs are addressed, whilst waiting for long periods of time in the EU.

Individual care

Planning care to promote independence

Posts within the nursing establishment had been filled within both units, and also in the AU lounge area since our last inspection. We were pleased to note that this area was now supervised at all times, and staff were able to provide appropriate care and necessary support to patients. Senior managers informed us that whilst not included in their usual nursing staff establishment, they incurred additional expenditure over budget by increasing staffing in the lounge, to maintain patient safety and to maintain a good patient experience.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that the processes and systems in place, were sufficient to ensure that patients received an acceptable standard of safe and effective care, and staff were committed to providing this.

It was positive to find the health board had taken action and made significant improvements to the environments and the models of care along with their systems and processes, in response to the improvement plan issued by us in March 2019.

We did however, have an immediate concern relating to the safe care of patients. This was in relation to the absence of some patient identification bands on patients who were receiving drug or fluid infusions, and this was dealt with under our immediate assurance process.

We also identified some issues that could compromise patient safety and therefore require improvement.

The immediate assurances required during the last inspection

Areas for immediate improvement identified at last inspection included the following:

Emergency Unit and Assessment Unit

- A review of the model of care for managing patients sat in the AU lounge including a solution to ensure that those who are acutely unwell are able to lie on a bed/ trolley
- A review of the current provision of care to ensure that patient care takes into account pressure ulcers, falls prevention and appropriate nutrition and hydration

- A review of the registered nursing establishment
- A clear understanding is gained of the reasons why staff within the AU feel that there is a risk to patient safety
- Patients are not transferred to the AU inappropriately from the EU, to prevent a 12 hour breach
- Resuscitation equipment/medication is always available and safe to use in the event of a patient emergency
- Refrigerated medication is stored safely and at the correct temperatures on both the AU and EU
- Thermometers are installed within the refrigerators used to store patient food on the AU, and that the temperatures are recorded on a daily basis.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 7 June 2019:

Emergency unit and Assessment unit

- The health board is pursuing options to decongest the AU by streaming surgical patients to SAU and working with external partners to identify solutions to the wider issues of patient flow
- Review the current provision of care to ensure it takes into account pressure ulcers, falls prevention and nutrition and hydration
- To have a permanent additional registered nurse and health care support worker in AU lounge 24 hours a day
- To implement initiatives to increase the number of band five nurses in post, by working with universities to recruit students, recruitment of overseas nurses and adaptation and return to practice programmes. There is also a focus on retention of nurses. A recruitment trajectory will see 26 vacancies filled and will address the vacancy position by March 2020

- Management to encourage staff to complete a Datix³ form to record the instances when the staff feel that patient safety is at risk and why. Management to offer support and advice. The health board will consider undertaking a Safety Culture Survey or implement the Manchester Patient Safety Framework
- The lead nurse will review all patient safety incidents reported over the previous quarter to establish if there are any actions or investigations outstanding
- The health board will use the AU SOP to identify risk to patient safety, required escalations and introduce an ambulatory scoring system⁴ to strengthen current processes for identifying those patients who are a clinical risk. Risks will be escalated at the 13.00 and 17.00 Huddle. Those patients identified as being at risk will be prioritised for a trolley/bed. Staff will be required to follow the process for escalation on the escalation card in the SOP
- The length of stay in AU is monitored at Management Executive meetings and reported to the Board. A 90 day improvement plan has been initiated to support the EU and AU in reducing length of stay, improving patient experience and outcome, whilst focusing on quality and safety supported by dedicated work streams. Periodic huddles during the day to understand the risks to all areas and ensure appropriate actions are put in place to improve the patient outcome and formal escalation to trigger additional support when required. The prioritisation of patients within the EU footprint, is carried out in line with Welsh Government (WG) guidance governing emergency unit transit times. The health board will ensure that it's flow management processes identify and record prolonged waits within the AU to ensure that patients are prioritised according to clinical prioritisation
- Weekly checks on defibrillation trolleys will be carried out by senior nurses to ensure compliance with process along with the schedule of

³ Incident reporting system

⁴ To streamline the flow of patients through the department by assessing their medical needs by way of a scoring system.

unannounced visits by the corporate professional nursing standards team

- Staff to make daily checks on fridges and drugs with spot checks by a senior nurse. Food fridges in AU have been condemned. Suitable alternative storage and checks in place for refrigeration of food along with the schedule of unannounced visits by the corporate professional nursing standards team.

What we found on follow-up

We were pleased to find that the health board had implemented and sustained the majority of the improvements listed in their action plan following the last inspection. However, some areas required further improvement, and these are highlighted below.

The additional improvements required following the last inspection

Additional areas for improvement required following the last inspection included the following:

- Cleaning schedules need to be in place with regular independent checking of environment and equipment and a mechanism to ensure worn items are repaired or replaced
- Consideration is given to the safety of lone workers within the adult triage room
- Storage facilities are reviewed and storage of equipment within corridors is addressed
- Pressure ulcer and skin risk assessments are completed with nursing staff regularly repositioning patients when appropriate
- All patients have an oral assessment and care plan
- Staff document medication charts in full including the administration of IV fluids and prescribing of oxygen
- The eye treatment area and all other drug cupboards are locked when not in use
- Staff receive appropriate training on medicines management, infection, prevention and control, hand hygiene, risk assessment of falls, patient nutritional needs, the mental health act, and DoLS

- Patient pain assessments are completed and documented where applicable
- Patient identifiable data and care records are kept securely at all times.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Cleaning schedules are in place for the department. C4C⁵ undertake environmental audits on a weekly basis. The nurse in charge will ensure that a member of the nursing team is delegated to support this audit process. The results will be forwarded to the lead nurse to review
- Cleaning of equipment is the responsibility of the nursing staff and is included on the daily checklist for nursing staff. All staff have been reminded of this role and responsibility
- A review of furniture and equipment will be undertaken to ensure that all equipment that is damaged is condemned and disposed of. The sofa in the mental health assessment room has now been replaced. The seating bench in the paediatric EU has been removed. All broken trolleys and equipment have been removed from the department and bins have been replaced
- A swing door will now be constructed within the triage rooms to allow a second point of access/ exit
- AU has been de-cluttered and deep cleaned. Similar is planned for EU by the end of June 2019
- Consideration will be given how larger items in the department can be stored in a safer way. A stock manager reviews the department stock levels and orders on a daily basis to prevent stockpiling and additional pressure on storage capacity

⁵ Credits for Cleaning system mandated within national standards of cleanliness

- The daily spot check undertaken by the nurse in charge includes identification and removal of trip hazards, issues are identified that cannot be immediately resolved and are escalated to the senior nurse
- There is a specified schedule of risk assessments to ensure timely completion. Waterlow⁶ assessments should be completed within 6 hours of a patient arrival. Vulnerable patients are prioritised and risk assessments completed sooner. Staff have been reminded to assess all patients for their risk of developing pressure damage
- A new nursing booklet will be implemented in the department that contains guidance on how to identify and grade pressure ulcers, use of dressings and equipment and ongoing care planning. Regular checking of the fundamentals of care is in place for all appropriate patients and includes repositioning of patients and checking of pressure areas every two hours
- The health board will benchmark practices against neighbouring health boards to identify processes to support the reduction in pressure damage
- All grades of pressure damage are reported and monitored using the All Wales Pressure Damage Tool. Monthly audits of compliance are undertaken. Results will be reported through the department Quality & Safety (Q&S) meeting
- The Pressure Damage Group is piloting an approach to provide greater scrutiny of pressure damage to ensure that the lessons learned from the inspection are disseminated across the health board and
- Benchmarking with practice in other organisations will be undertaken to ensure that best practice is being applied
- All patients should have a falls risk assessment undertaken within four hours of arrival into the department. All staff have been reminded of this responsibility. Audit of compliance against this standard is

⁶ A Waterloo Assessment is a validated scale used to support clinical judgement when assessing patients for the risk of developing a pressure sore.

undertaken monthly and results of the audit will now be reported through the department Q&S meeting.

- The UHB will benchmark practices against neighbouring health boards to identify processes to support the reduction in injurious falls
- The department education team have attended the falls simulation suite 'train the trainers' session and are now undertaking a phased approach to training the department staff with health care support workers being trained initially
- Options for health board wide online falls training are currently being explored by the Falls Strategy Lead in conjunction with the Falls Delivery Group who will ensure that lessons learnt from the inspection are disseminated across the health board
- Cleaning schedules are in place for the department. C4C undertake environmental audits on a weekly basis, the nurse in charge will ensure that a member of the nursing team is delegated to support this audit process and highlight issues. The results of the environmental audits will be forwarded to the lead nurse to review
- All staff have been reminded of the importance of basic hand hygiene and the importance of washing and sanitising hands between patients
- Hand hygiene audits are undertaken monthly which includes episodes of hand washing and being bare below the elbows. Compliance is reported and monitored through the Executive Performance Reviews. This will also now be reported through the monthly Quality & Safety Executive (QSE) meetings
- All staff are expected to complete level 1 Infection, Prevention and Control (IP&C) mandatory training. Compliance was 70% in April. The department will work towards 100% compliance
- All staff will be reminded of the need to complete the training and Personal, Appraisal and Development Reviews (PADRs)⁷ will not be signed off without completion of mandatory training

⁷ PADR is a staff personal appraisal of work activity with the development of personal objectives

- Nutritional risk assessment must be completed within 24 hours of admission to the department. All staff have been reminded of this requirement
- The education team will ensure that training around nutritional assessment and optimisation is available to all appropriate staff. Audit of compliance against this standard is undertaken monthly and results of the audit will now be reported through the department Q&S meeting
- Oral care is included on the intentional rounding (fundamentals of care) document and as a result should be considered every two hours. Staff have been reminded of this requirement
- The health board oral care assessment will be introduced into the department. The education team will undertake a teaching session and will develop a poster for staff to remind them to use the trigger questions to identify patients who need support with oral care and to trigger a full assessment. Oral packs are available across the department
- Pharmacy currently undertake monthly audits of prescribing and medication administration metrics in the assessment unit. These include allergy status, VTE⁸ risk assessment, prescribing of thromboprophylaxis (prevention of clots forming in veins), omitted doses and critical time omitted doses. The result of these audits are shared with the clinical directors and senior nurses. The results will now be reported and review at local Q&S forums and consultant meetings.
- The importance of recording allergy status, administration of Intravenous (IV) fluids and accurately prescribing oxygen will be raised by the clinical director at the next consultant meeting and at the department Q&S meeting
- The eye treatment area is now locked when not in use
- Medicines management practice will be considered as part of the PADR process and development needs identified

⁸ <https://www.worldthrombosisday.org/issue/vte/>

- Medicines related issues identified as a result of this inspection will be included in the next Patient Safety Newsletter and also in the next Medication Safety newsletter
- A bespoke update session on the Mental Health Act and Deprivation of Liberty Safeguards DoLS⁹ legislation will be provided to all relevant EU/AU staff
- In addition Mental Capacity Act training is mandated and the e-learning is accessible to all staff. Since the beginning of May completion of training is recorded on the Electronic Staff Record (ESR). Historical attendance at training will be captured and departmental compliance will be reportable within a month. Compliance with MCA training will be reviewed and monitored through the performance reviews
- The Mental Capacity Act manager delivered face to face training for all nursing staff last year. This is repeated intermittently
- There is a mental health link worker and a consultant lead identified to support staff around issues relating to DoLs and Mental Capacity assessments
- The Service Improvement Team are currently undertaking a project to review the pain assessment documentation. The pain assessment will be incorporated at the bottom of the National Early Warning Score¹⁰ (NEWS) chart to increase visibility and improve compliance. The efficacy of the service improvement will be evaluated after 2 months of roll out of the document. A specific pain assessment tool is in place for patients with a learning disability.
- In paediatric EU the pain assessment tool is linked to guidance around prescribing of analgesia
- The UHB has had recent discussions with the Information Commissioner around secure storage of patient information. This

⁹ The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

¹⁰ Determines the degree of illness of a patient and prompts critical care intervention.

highlighted the need to balance risk of data breach with the clinical risk associated with difficulties in accessing records and specified that there was not an explicit requirement to keep notes in locked facilities if there was a detrimental risk around clinical care

- All staff will be reminded to ensure that records are stored securely, that all records are returned to the notes trolley and that the trolley is kept closed when not in use
- All clinical staff should be wearing clearly visible ID and therefore be identifiable. Nursing stations in the Assessment unit are constantly attended by clinical staff and therefore medical records remain within sight at all times. This applies to records of patients currently being cared for in the department
- All records of patients who have been discharged from the department will be transferred to secure storage
- All staff have been reminded of the need to protect patient identifiable information appropriately
- There are a number of initiatives in place to support staff wellbeing and morale. Wellbeing champions are in place across the department. A closed Facebook page is maintained to communicate with a staff members. A communication board is populated with up to date information
- The Clinical Board undertake department walk rounds
- The results of the health board staff survey were reported at departmental level. There is now a plan to undertake a Pulse Survey of staff within 2 months.
- Health and care monitoring results will now be reported through the Department Q&S meetings.
- There is a three monthly nursing away day and staff are rotated to ensure that everyone has the opportunity to attend. Minutes of every meeting are circulated to all staff.
- All Datix incidents are reported to a manager and feedback is sent to the reporter relating to the actions. A review of all the incidents reported will be undertaken to ensure that they have all/are all being appropriately investigated
- The Head of Patient Safety and the lead nurse for the EU/AU are meeting to discuss governance, structure and process within EU to put

in place a plan to strengthen current systems and to address any issues that staff are raising

- The Patient Safety team will deliver a bespoke session for staff to cover basic patient safety principles, incident reporting, investigation and management, safety culture and fair and just culture, health and care standards/Annual Quality Statement, quality, safety and improvement framework and clinical audit
- The health board Safety Valve processes is in place to support staff to raise concerns confidentially directly to the Chair. The safety valve mechanism has been highlighted to staff across the department through all communication channels
- The nursing establishment is reviewed and agreed by the executive Nurse Director six monthly. Breaches of agreed staffing are highlighted to the deputy Executive Nurse Director on a daily basis
- Bank and agency fill rates are reported through the performance reviews monthly and risks are highlighted. Risk assess pressure on different areas within the department. Senior nurses will work clinically to fill, gaps where required and are available for escalation of risks
- The completion of PADRs by the band 7 has been highlighted as a priority and will be monitored through the performance reviews.
- Senior Nurses will raise individual performance around undertaking PADRs in the monthly 1:1 meetings
- The UHB will prepare a summary of the lessons learned and develop an assurance tool for other areas in the UHB to ensure that the lessons learned are disseminated and implemented widely and as appropriate.

What we found on follow-up

We were pleased to find that the health board had implemented and sustained the majority of the improvements listed in their action plan following the last inspection, relating to the delivery of safe and effective care. However, some areas required further improvement, and these are highlighted further below.

Additional findings

Safe care

We saw six patients in the AU lounge receiving medication or fluid infusions, who were not wearing patient identification wristbands. The absence of a patient

identification wristband could result in misidentification and compromise patient care and safety. Our concerns regarding the absence of patient identification were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

There were signs at the entrance to the EU indicating it was a smoke free zone, and we noted the area was generally free from cigarette ends. The entrance to the waiting room provided access to individuals with physical impairment through large automatic doors.

We saw items stored in corridors between AU and MEACU presenting a trip hazard to patients and staff. We advised staff of this during the inspection.

We saw the fabric on one chair in the AU lounge had split, therefore increasing the risk of cross infection. We also noted that hard fixed seating in the AU lounge could cause some discomfort, if patients had to sit on these for long periods, saw plastic chairs used in the paediatric EU that were damaged and dirty. These issues were reported to the Nurse in Charge for appropriate action. We were informed that the plastic chairs had been removed.

Staff room facilities were cramped with staff placing bags and coats on the floor as there were limited locker facilities available. These items presented a trip hazard, and on raising this issue, we were informed that a new staff room would be available soon however, locker facilities would not be available to all staff. The health board may benefit from using token lockers, to enable staff to use these only whilst on duty.

We were informed that a series of tunnels were used as an internal link with other areas of the hospital. Patients were often transferred to wards and to the Children's hospital through the tunnels during the day and night, to avoid using the busier and more congested areas of the hospital.

We were told that staff often escort a child through the tunnel alone to minimise the wait for a porter. We were unsure whether there was adequate CCTV facilities in these tunnels to help maintain the safety of patients and staff. We also saw the entrance to one tunnel had a leak and water was dripping onto the floor presenting a health and safety issue. In addition, the tunnels were used to accommodate a number of waste disposal bins. These bins presented a trip hazard for staff using the tunnels and also posed a risk of cross contamination.

Cleaning schedules were in place for both units and were working well. We also observed the nursing staff cleaning equipment and the bed or trolley areas frequently.

We noted that the paediatric EU did not have correct fire extinguishers. This comprised the safety of staff and patients. We also noted that the doors leading into the unit were not locked at the time of inspection. Controlled access is required to protect the safety of children and to maintain privacy and dignity. We raised this with the staff on duty.

Improvement needed

The health board is required to ensure that:

- Items stored in corridors between AU and MEACU presenting a trip hazard are stored appropriately
- Damaged furniture is repaired or removed and replaced
- Consideration is given as to how staff can access locker facilities whilst on duty, to appropriately store bags and clothes to avoid placing personal items on the floor
- Action is taken to address the leaks in the tunnel, assess the adequacy of CCTV, and relocate waste disposal bins that currently present a trip hazard
- The correct fire extinguishers are provided in the paediatric emergency unit
- Regular checks are made to ensure the doors to the paediatric EU are locked to maintain the safety of children.

Preventing pressure and tissue damage

We observed timely completion of Waterlow Assessments and noted that vulnerable patients were prioritised and risked assessed.

We noted that both units carried out pressure ulcer risk assessments on patients. Care plans were in place, and action was taken where appropriate to minimise tissue damage, by using aids, such as inflatable or air mattresses and individualised care plans completed, to determine the intervention required for each patient. This much improved from what we found in our last inspection.

Senior managers informed us that the use of low rise beds with pressure relieving mattresses, had greatly improved the incidences of tissue damage.

Datix incident reporting in January and February 2020 reported that whilst there were eight patients admitted into the AU with pressure damage, there were no reports of hospital acquired pressure damage whilst in the AU.

Falls prevention

We were informed that the use of the low rise beds and physiotherapy intervention had greatly improved the reduction of falls. Falls prevention was also included in the training programme for all staff members.

We did note however, that falls assessments were not always completed in full for patients on both units who were awaiting admission in to hospital. This echoed our finding in our last inspection, so further improvements are required for this.

Improvement needed

The health board is required to ensure that:

- Falls assessments are completed in full for all patients in the EU awaiting admission.

Infection prevention and control

We saw improvements in both the AU and EU. The units appeared to be clean and were less cluttered. Although we saw some items stored in the main corridors and throughout the unit environments, due to inadequate storage areas.

Personal protective equipment, such as disposable aprons and gloves, was available, and was being used appropriately to maintain effective infection prevention and control.

We noted that staff complied with the bare below the elbow policy, and we saw staff in the AU lounge undertaking basic hand hygiene and washing and sanitising hands between patients.

We noted that some drinking water dispensers around the department did not have cup dispensers. This resulted in people handling the plastic wrapping and cups, and therefore presented a risk of cross contamination.

Improvement needed

The health board is required to ensure that:

- Cup dispensers at drinking water dispensers are provided, to avoid cross contamination.

Nutrition and hydration

We noted that upon our arrival in the EU there was no water provided in the emergency waiting room, although drink vending machines were available. Water was provided shortly after our arrival however, the next day we noted that water jugs had not been replenished. The AU provided water however, plastic cups were not appropriately stored therefore, exposing them to potential cross contamination, as many patients or visitors handled them.

Patients waiting for test results in the AU lounge told us that they were not offered food or drinks. We informed the nurse in charge of the AU and this was addressed immediately.

We saw nutritional risk assessments were being undertaken in the AU by the Dietetic team on a daily basis. This has resulted in better nutrition and hydration outcomes.

Vending machine facilities are available in both units for patients to purchase a range of drinks and snacks. Patients told us they also visit the concourse and hospital restaurant on occasions.

We were informed that food was not routinely provided to paediatric patients due to the quick turnover of patients however, during the course of our inspection we noted that some sandwiches were made available.

In the paediatric EU, water was provided in a free standing glass jar inappropriately sat upon a patient continence pad. We were informed that the unit was unable to accommodate a drinking water dispenser. We noted that the water in the glass jar needed to be changed and refreshed, and the incontinence pad was damp. We were unsure how long both water and pad had been in place, thus potentially increasing the risk of cross contamination.

Water and squash was also available from the triage room and families were encouraged to go in and help themselves. We had concerns with this, since this room contained medical and IT equipment and other consumables, and were therefore accessible to unauthorised people. We raised this concern with senior managers during the inspection.

We observed oral care being delivered to patients as part of the fundamentals of care and being documented in patient case notes.

Improvement needed

The health board is required to ensure that:

- Drinking water is replenished on a frequent basis in both the EU and paediatric EU, and plastic cups are stored appropriately
- The free standing water container in the paediatric EU is replaced by an appropriate water dispenser.

Medicines management

We saw that all medication fridges and thermometers were being checked on a daily basis. We noted that spot checks were being undertaken on a regular basis by a senior nurse.

A review of patient case notes in EU identified that oxygen prescribed and administered to patients was not being recorded on medication charts. We noted that IV fluids prescribed and administered to patients were also not being recorded on hospital fluid charts. A record of all medication and IV fluids administered to a patient should be documented on the appropriate prescription charts.

We saw loose ampules (small glass capsules containing medication) in the drug cupboard. Ampules should be stored in their appropriate container or box, with the relevant information leaflet. We noted that the drug cupboard in the Eye Cubicle of EU was not locked, and a selection of ophthalmic drops had been left unattended on a worktop, and was therefore not stored securely.

We saw a sharps bin overflowing with needles, syringes and other sharp items in EU, therefore posing a risk of sharps injury and cross contamination. This bin was removed and replaced during the course of our inspection.

We noted that patient pain assessments and evaluations were not always documented in the patient case notes. Therefore, there was no record of the effectiveness of pain relief given.

Improvement needed

The health board is required to ensure that:

- Oxygen prescribed and administered to patients is recorded on prescription charts
- Intravenous fluids prescribed and administered to patients are recorded on appropriate documentation and prescription charts
- Drugs cupboards are locked and medication is always stored securely
- Sharps boxes are used and their contents disposed of appropriately
- Pain assessments and evaluations are documented in patient case notes.

Safeguarding children and adults at risk

The health board had policies and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. Training for safeguarding children and adults was mandatory and there were adequate processes in place to ensure staff completed training and training updates.

A joint EU and AU huddle is now undertaken at periodic intervals during the day. This is to escalate patients who are prioritised according to clinical need and those who are particularly vulnerable. This helps ensure that pressures within the EU are considered in conjunction with those in the AU and the Lounge area, and all patients are prioritised appropriately according to their clinical need.

Medical devices, equipment and diagnostic systems

We saw that resuscitation trolleys had been checked daily and we observed the immediate replenishment of a used trolley after use on a patient in AU. Regular and appropriate checks were being undertaken by the nurse in charge and monitored by the senior nurse. This was a notable improvement from our last inspection, where we had to address poor compliance with the checking of resuscitation equipment under our immediate assurance process.

We saw that food fridges were being checked regularly and recorded appropriately.

We noted that several the bins in the EU triage area by the vending machine were rusty and in poor working order, and we raised this during our inspection.

Improvement needed

The health board is required to ensure that:

- Bins in the EU triage area are replaced.

Effective care

Safe and clinically effective care

We attended EU and AU safety huddles¹¹. We observed the escalation of patients, who were prioritised according to vulnerability and clinical need. We noted the action taken during these huddles improved patient flow in the department throughout both days of the inspection.

During our inspection we attended the hospital patient flow meeting. This meeting provided an overview of patient flow in the hospital and identified priority patients and potential discharges.

We noted that patient flow between the EU and the newly commissioned TACU had assisted with timely movement of trauma patients to a more appropriate setting and relieved some demands in the EU and AU. The TACU has been commissioned since our inspection last year, as part of the health board improvement plan following last years' inspection. Managers in the AU told us that patient flow had further improved by streaming surgical patients to the SAU 24 hours a day Monday to Friday, and continued by day during the weekend, instead of 8am to 6pm each day of the week. During our follow-up inspection, we also visited both these units to understand the changed made, although we did not inspect them. We also saw documented evidence that these changes had made improvements with timely assessments and care within the EU and AU.

Senior managers informed us that spot checks of nursing documentation are undertaken regularly by senior nurses, to audit completion with compliance. Action is taken to address issues arising however, the results are not displayed.

¹¹ Short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk.

The outcome of spot checks and audits are not currently available to staff. We were informed that the staff room is being re-located and that management are currently considering the best location to place a notice board to enable staff to view the audited information in a more effective way.

We were told that staff are always encouraged to complete a Datix form to record any patient safety incidents or near misses for a safety incident.

We reviewed the joint protocol in place for the care of patients who attend the EU via ambulance. The protocol outlines the fundamentals of care in relation to patient hygiene and toilet requirements however, it is not made clear who is responsible for providing support to a patient when this level of care is required. In addition, it did not highlight who is responsible for returning the patient to an ambulance after using toilet facilities, whilst a patient is await a clinical space within EU.

Improvement needed

The health board is required to ensure that:

- The results of spot checks and audits are made available to all unit staff
- The joint protocol for the care of patients who attend EU via ambulance is reviewed, to ensure clarity for the responsibility of patients.

Quality improvement, research and innovation

The EU has a feedback device that tracks the levels of satisfaction recorded by patients and visitors during their visit. Senior managers provided us with a report entitled 'How was your visit today?' This report provided summarised feedback from 334 respondents attending the emergency department between the 17 February 2020 and 23 February 2020. 50 per cent of respondents were satisfied with their visit however, 33 per cent indicated they were dissatisfied. We were not provided with information that detailed why respondents were dissatisfied, or the action taken by the department to address the issues arising.

Improvement needed

The health board is required to ensure that:

- Consideration is given to the 'How was your visit' audit results, and action taken as appropriate.

Record keeping

Our findings in relation to record keeping have been described in various sections throughout the report. We looked at a range of assessment tools, checklists, monitoring charts, care plans and evaluations of care for nursing, medical and other healthcare staff. Overall, we found an improvement during this inspection in relation to documentation, although we would advise the health board to continuously audit patient care records, to address any shortfalls in standards.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good teamwork and support amongst nursing and medical teams within both units. Staff were mostly positive within the HIW staff questionnaires and those who we spoke with, regarding their managers and senior managers.

We were also pleased to identify that the unit staff, senior nurses/managers and other health board senior managers had worked hard over the past 12 months, with the significant progress and improvements made within each unit.

Most staff told us that the units were a good environment to work in, they were made to feel important members of the team and that their opinions were important. In addition, that they would recommend the organisation as a place to work.

We saw evidence that that the staffing establishment across the units had been fulfilled with the ongoing recruitment of both registered nurses, HCAs and medical staff. This was a great improvement to our finding in March 2019. However, we identified some staffing issues in the paediatric EU.

The improvements required during the last inspection

Areas for improvement we identified at last inspection included the following:

- The issues identified with low morale and motivation are explored and addressed
- Low scores within the monthly care audits are addressed to ensure an improvement is made
- Staff attend regular ward meetings

- Investigation is undertaken into errors, near misses or incidents which could have hurt staff or patients and the reasons why some staff believe that the organisation would blame or punish the people who are involved in such incidents
- All staff are made aware of the revised Health and Care Standards that were introduced in April 2015
- A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing (Wales) Act 2016 including use of temporary staff
- Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to for the lounge area of AU
- Consideration is given to completing an up-to-date staff satisfaction survey to include the EU, AU and the AU in Llandough Hospital
- A robust process is in place to enable all staff have the opportunity to have a formal personal annual appraisal.

What actions the service said they would take:

- To ensure there are a number of initiatives in place to support staff wellbeing and morale with wellbeing champions in place across the department
- Maintain a closed Facebook page to communicate with staff members and a communication board with up to date information
- The Clinical Board will undertake departmental walk rounds
- Health and Care monitoring audits results will now be reported through the Department Quality and Safety meetings
- Staff will be given an opportunity to attend monthly nursing away days with the minutes being circulated to all staff
- All Datix incidents will be reported to a manager and feedback sent to the reporter relating to the action taken. A review of all the incidents reported will be undertaken to ensure that they have all/are all being appropriately investigated
- The Head of Patient Safety and the lead nurse EU/AU are meeting to discuss governance, structure and process within EU to put in place a plan to strengthen current systems and to address any issues that staff are raising

- The Patient Safety Team will deliver a bespoke session for staff which will cover basic patient safety principles, incident reporting, investigation and management, safety culture and fair and just culture, health and care standards, Annual Quality Statement, quality, safety and improvement Framework and clinical audit
- The UHB Safety Valve process is in place to allow staff to raise concerns confidentially directly to the Chair of the health board
- The nursing establishment is reviewed every six months and agreed by the executive nurse director. Breaches of agreed staffing are highlighted to the deputy executive nurse director on a daily basis
- Bank and agency fill rates are reported through the performance reviews monthly and risks are highlighted
- A Pulse Survey will be undertaken within two months
- The completion of PADRs by the Band seven has been highlighted as a priority and will be monitored through the individual performance review and in the monthly 1:1 meetings
- The UHB will prepare a summary of the lessons learned and develop an assurance tool for other areas in the UHB to ensure that the lessons learned are disseminated and implemented widely.

What we found on follow-up

We were pleased to find that the health board had implemented and sustained the majority of the improvements listed in their action plan following the last inspection, relating to the quality of management and leadership. However, some areas required further improvement, and these are highlighted in more detail below.

Additional findings

Governance, leadership and accountability

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

During the inspection we distributed HIW questionnaires to staff to obtain their views on working conditions and the standard of care in their department. We received twenty completed questionnaires from a range of staff. The majority of

respondents said they had been in their current position for more than three years.

Most respondents agreed that their immediate manager and the organisation takes a positive interest in their health and well-being, although a few disagreed. Most staff said they were offered full support in challenging situations, but two disagreed. Staff commented:

"Fabulous senior nurses and lead nurse"

"We have had very good support from Senior Managers within the Directorate"

Staff we spoke with and those who completed a questionnaire said the organisation and their line manager encourages teamwork, and agreed their manager gives feedback and asks for their opinion before making decisions that affect their work. Staff also said the organisation is supportive, and that front line professionals who deal with patients are empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence, although some did comment:

"I cannot say I feel convinced that the organisation has my back"

"I know how to escalate concerns but nothing is even done about it. We often work at or close to capacity and it is just accepted"

Most questionnaire respondents said there was usually enough staff in the organisation to enable them to do their job properly, and a minority indicated there was only sometimes or never enough staff at the organisation to enable them to do their job properly. However, our findings during this inspection evidenced great improvements with recruitment and retention of staff.

The majority of respondents said they were satisfied with the quality of care they were able to give to patients, and the care of patients is the organisation's top priority. In addition, they reported that the privacy and dignity of patients is maintained, and that patient independence is promoted, and that the organisation acts on concerns raised by patients.

The units had a training schedule that outlines the mandatory, essential and desirable training requirements for staff in bands two through to seven. Staff we spoke with and questionnaire respondents said they had undertaken learning and development in health and safety, fire safety, infection control, Mental Capacity

Act, Deprivation of Liberty safeguards, older persons care and dementia. They also said that training and development helps them to do their job more effectively, and most said it helps them to stay up to date with professional requirements and ensures that they deliver a better experience for patients. However, training compliance recorded on the Electronic Staff Record (ESR) indicated only 68% of mandatory training had been completed.

The newly qualified registered nurses in the AU told us that during their first month of induction, they were able to complete their mandatory and other training.

The majority of respondents said they had received a personal development appraisal in the last 12 months, although ESR indicated only 50% of staff had received an appraisal. The health board may wish to consider that the department and ESR records correspond to each other, for clarity.

All respondents said they were aware of the Occupational Health support available to them, and once staff member also commented:

"We have a fab new well-being lead within the department"

Half of the staff who completed a questionnaire indicated that their working pattern allows for a good work life balance, although the remaining staff disagreed. One member of staff commented:

"the sporadic shift pattern is bad for health"

Nearly all respondents said their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Staff working in the AU also told us that the unit was a very good environment to work in, they were made to feel important members of the team and that their opinions were important. Staff also told us they felt comfortable reporting areas of concern. Most questionnaire respondents also agreed they would recommend the organisation as a place to work, though a few disagreed. However, it was evident to the inspection team and from discussions with many staff during the course of our inspection that morale and motivation had significantly improved since our inspection in March 2019.

The EU had completed a Pulse survey¹² designed to encourage staff to provide feedback on job satisfaction, communication, relationships and the work environment. The data was collected in December 2019 and reported in January 2020. There was a 60 per cent response rate, and on the whole the results were positive, but with some negative aspects. We would advise the health board to consider the results of the survey and address any issues arising.

We saw that audit results were very much improved from our previous inspection. Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. We also saw some minutes of staff meetings where some findings from audit activity were shared with a view to making improvements as appropriate on both units. In addition, there were plans to display audit results in the new staff room once this was fully functional.

Improvement needed

The health board is required to ensure that:

- All staff complete mandatory training and results on ESR accurately reflect that within the department
- All staff receive an up to date annual appraisal, and it is recorded on ESR
- They explore the reasons why staff have expressed concerns in the HIW questionnaires and Pulse survey.

¹² A Pulse survey is a short survey used to provide useful information on employee satisfaction and engagement.

Staff and resources

Workforce

We were informed, and saw evidence that the staffing establishment had been filled with most posts in line with the recommendation in their improvement plan, with very few vacant posts remaining. The department had successfully recruited external candidates and had provided internal promotion opportunities across nursing bands five, six and seven. In addition, the department had successfully recruited to all HCA posts. At the time of the inspection a number of these recruits were awaiting completion of all pre-employment checks before they could start. We were provided with documentary evidence of the increase in the nurse establishment from lead nurse dated January 2020.

We were informed by managers in the AU that they had successfully recruited the full establishment of band six senior staff nurses, who would be based solely in the AU. We were also informed that the staffing establishment in the AU lounge area had been increased with an additional registered nurse and HCA. However, these posts were not permanently a part of the establishment, and during periods of unplanned absence, they may be moved to provide nursing cover in other areas within the department. When this did occur, senior managers told us the number of patients using the AU lounge area would be reduced, to maintain safe staffing and nurse patient ratios. However, this would likely affect patient flow across the department.

Managers in the MEACU informed us that an external advert had been placed to secure a band six nursing post there, which is an addition to the nursing establishment following our last inspection.

Senior nurses for the EU informed us that they now had a full band five nursing establishment, and following completion of pre-employment checks would also have a full establishment of band six nurses. They had successfully recruited one band seven nurse who would be returning from maternity leave, and only had one band seven vacancy to fill. The department was also preparing an external advert for an additional band six emergency nurse practitioner.

We were informed by staff working in the paediatric EU that only two nurses were rostered on night shifts, without any support from a HCA. We were told that on occasions nurses were required to accompany patients through the tunnels to the Children's hospital at night, leaving the paediatric EU with only one nurse on duty, thus potentially compromising patient care and safety. We were also informed that there were occasions when nurses were unable to obtain support from porter services to transfer patients to the children's hospital, so staff went alone. Staff also expressed concerns that it was often difficult to obtain

appropriate paediatric EU consultant cover, however, senior managers informed us that an additional paediatric EU consultant had recently been recruited.

Improvement needed

The health board is required to ensure that:

- The establishment of paediatric EU nurses is reviewed to maintain adequate care and patient safety

4. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects the NHS](#) can be found on our 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
No immediate concerns were resolved during the inspection			

Appendix B – Immediate improvement plan

Service: Emergency and Assessment Unit UHW

Date of inspection: 10 and 11 March 2020

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The Health Board is required to provide HIW with details of the action it will take to ensure a system is in place to ensure all patients have a patient identification band to ensure staff can correctly identify patients and provide the right care.</p> <p>We saw six patients in the lounge area of the Assessment Unit that were not wearing patient identification wristbands. Two patients were in receipt of intravenous medication. The absence of a patient identification wristband can result in misidentification and the compromise of patient care and safety.</p>	Standard 2.1, 2.6, 2.7, 3.1	<p>Immediate action undertaken on 11th March 2020 to rectify lack of identity band on patients in the lounge requiring intravenous fluids included:</p> <p>Senior Nurse LW undertook further inspection to ensure action has been rectified.</p> <p>Staff member caring for patient reminded of importance of Cardiff and Vale UHB Identification Policy 2012 and Cardiff and Vale UHB Medicines Code 2019.</p>	Senior Nurse EAMD	<p>Completed 11/3/2020</p> <p>Completed 11/3/2020</p> <p>Completed 11/3/2020</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Email and Facebook correspondence to all staff to remind of their professional responsibility for patient safety in relation to Cardiff and Vale UHB Identification Policy 2012 and Cardiff and Vale UHB Medicines Code 2019</p> <p>To undertake a fortnightly focus, this provides information at every safety briefing at 07:00 hours and 19:00hours for staff in the Emergency Unit, Assessment Unit and Paediatric Emergency Unit</p> <p>All nurse's in charge on both day and night shifts in EU, AU and Paediatric EU to ensure that Cardiff and Vale UHB Identification Policy 2012 and Cardiff and Vale UHB Medicines Code 2019 is followed – Immediate actions to be taken if breach of policy identified</p>	<p>Senior Nurse EAMD</p> <p>EU- Sister AU – Sister</p> <p>Nurse in charge</p>	<p>Completed 17/3/2020</p> <p>To commence 23/3/2020</p> <p>Daily responsibility</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Senior Nurse weekly spot check to ensure that Cardiff and Vale UHB Identification Policy 2012 and Cardiff and Vale UHB Medicines Code 2019 is followed– Immediate actions to be taken if breach of policy identified</p> <p>The EAMD directorate nursing workforce compliance for medicines management training is currently 98%. Three staff members require training and are booked on for future training dates.</p> <p>UHB Positive Identification Policy is current under review.</p>	<p>Senior Nurses</p> <p>EAMD education team</p> <p>Head of Patient Safety and Quality</p>	<p>Weekly responsibility</p> <p>Completed 17/3/2002</p> <p>Re-approve June 2020</p>

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

Service representative

Name (print): Rebecca Aylward

Job role: Director of Nursing

Date: 2nd July 2020

Appendix C – Improvement plan

Service: Emergency and Assessment Unit UHW

Date of inspection: 10 and 11 March 2020

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.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The health board is required to provide details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Staff close the triage door to protect patient dignity, privacy and confidentiality are maintained 	4.1 Dignified Care	<p>At the time of inspection staff were reminded of their responsibility to close the triage door to maintain patient privacy, confidentiality and dignity. A previous HIW inspection highlighted security issues in the triage room and an escape door is now in place to allow staff to exit in an emergency.</p> <p>Due to Covid-19 the existing triage room is not in use and this area is now closed to the general public. The main waiting room and the ambulatory area provide care for Purple (Suspected Covid-19 patients) ambulatory patients only. The</p>	LW Senior Nurse	July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Facilities are made available in the minor injuries unit to allow staff and patients to have a confidential conversation 		<p>main triage room is only used if capacity within the ambulatory area increases and there are delays in processing patients within 15 minutes of arrival. In this case the triage room will be used to assess patients using the Manchester triage tool. As a further reminder to staff to close the door a poster will be displayed in the triage room.</p> <p>Prior to the Covid -19 outbreak rooms were available in the co-located minor injuries area and ambulatory area to ensure staff can speak to patients confidentially. When these rooms are in use due to capacity requirements, staff liaise with the Nurse in Charge to provide alternative facilities. At the time of the inspection a second minor injuries area was under construction; this has now been completed which provides a further area for confidential conversation.</p> <p>Due to Covid-19 the Emergency and Acute Medicine Directorate (EAMD)</p>	<p>EAMD Senior Team – WP Lead Nurse</p>	<p>Completed April 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Arrangements are made to decorate the bereavement room. 		<p>footprint has changed. The minor injuries unit is now located within the Paediatric Emergency Unit. This area has 4 individual cubicles and 2 private rooms to support confidentiality. There is currently no timescale to provide information regarding Minor Injuries Unit returning to its original location.</p> <p>Due to Covid-19 the EAMD footprint may change flexibly to support the surge in potential attendances</p> <p>Initial plans to redecorate both relatives room has been suspended due to the Covid-19 pandemic.</p> <p>A relative's room situated next to the resuscitation area has now been repurposed to provide a clean donning area for PPE.</p> <p>A second relative's room continues to be utilised for relatives. Due to the Covid -19 pandemic however, relatives are restricted from entering the hospital setting within Cardiff and Vale UHB. The</p>	<p>LW Senior Nurse</p>	<p>Reviewed every 3 months</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>nurse and consultant in charge of the Emergency Unit and Assessment Unit will apply discretion in exceptional circumstances for example, end of life.</p> <p>Relatives will go directly to the patient's bedside and will not be encouraged to use the room.</p> <p>To prepare for the re- decorating of the relative's room, quotes will be obtained from the estates department so that works can be commenced when restrictions are eased and contractors are permitted to enter the Emergency Unit</p>		July 2020
<ul style="list-style-type: none"> Patients are provided with the option to communicate in the language of their choice. 	3.2 Communicating effectively	<p>A variety of Welsh Language information cards are now available in the minor injuries area.</p> <p>Language line and translation services are already available within Cardiff and Vale UHB. This can be accessed by all staff and specialities.</p> <p>Signage will be developed in conjunction with media resources</p>	<p>LW –Senior Nurse</p> <p>Corporate responsibility</p> <p>LW –Senior Nurse</p>	<p>Completed</p> <p>Completed</p> <p>September 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		indicating that Welsh information cards are available, and to advise patients that interpreting services are available to support patient communication in their own language		
<ul style="list-style-type: none"> Patients are assessed and provided with the necessary comfort required whilst waiting for long periods of time in the emergency department. 	5.1 Timely access	<p>A previous HIW inspection highlighted comfort as an issue for patients within the Assessment Unit Lounge area. To support this x10 recliner chairs were purchased to provide comfort.</p> <p>We endeavour to ensure patients are swiftly moved through the unit in a timely way. However, in the event that patients are waiting over 12 hours in chairs this is escalated via email to the relevant clinical boards. All patients are highlighted at the 2 hourly departmental huddles and escalated to the Patient Access Team. These patients are also highlighted at the UHB local command centre operational meetings which are held 4 times a day and chaired by the</p>	<p>EAMD senior team</p> <p>EDQDF Lead</p>	<p>Completed</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to provide details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Items stored in corridors between AU and MEACU presenting a trip hazard are stored appropriately Damaged furniture is removed and replaced 	<p>2.1 Managing risk and promoting health and safety</p>	<p>The corridor will be cleared promptly on a daily basis following deliveries. The store staff have been reminded of their responsibility in terms of health and safety to avoid trip hazards.</p> <p>When stock cannot be stored correctly this will be escalated to the Emergency and Acute Medicine Directorate.</p> <p>The routine procedure for reporting waste to the Waste Management Team for collection and disposal is in place and can take up to 10 working days.</p> <p>There is currently no alternative to support the removal of waste within the UHB. Escalation via estates is managed through the Directorate to support health and safety. The UHB recognises that waste or scrap items in the environment are a hazard and can impact on the ability to physically distance safely during the Covid-19</p>	<p>EDQDF lead</p> <p>EAMD senior team as per floor cover roster</p> <p>Corporate responsibility</p>	<p>July 2020</p> <p>July 2020 Ongoing monitoring and escalation required Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Locker facilities are provided to staff to enable them to appropriately store bags and clothes and avoid placing them on the floor Action is taken to address the leaks in the tunnel, assess the adequacy of CCTV and relocate waste disposal bins that currently present a trip hazard 		<p>Pandemic. The waste disposal team can now be emailed directly.</p>		July 2020
		<p>All furniture in the EAMD footprint will be reviewed. Damaged items will be removed and replaced. Spot checks will be undertaken weekly by the senior nurses. Waste checks will be incorporated into the daily roles and responsibility of the HCSWs within the Emergency and Assessment units.</p>	EAMD senior management team	October 2020
		<p>A review of all lockers within the EAMD will be carried out to identify current usage. Lockers will be repurposed and a process put in place for maximising usage.</p>	Unit Manager	Completed
<p>The service tunnel offers the only exit out of the department to the COVID-19 streaming wards in the main hospital at present.</p>	Capital Estates Security			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> The correct fire extinguishers are provided in the paediatric emergency unit 		<p>Children are no longer taken through this area due to the relocation of the paediatric EU at the Childrens hospital</p> <p>This area has been reviewed and security upgraded and we have been advised by security that currently 16 cameras in the tunnel are all fully functional.</p> <p>We are advised by estates that water present in the service tunnel is due to condensation caused by the heating//steam distribution pipework and it is unlikely that this can be improved. Waste bins cannot be relocated as they are transported here ready to go to the waste yard, however checks will be made to ensure they are not causing a trip hazard.</p> <p>A review of all fire extinguishers within the EAMD footprint will be undertaken in conjunction with the fire officer to ensure they are correctly placed and meet the</p>	<p>EDQDF lead in conjunction with C&V UHB fire officer</p>	<p>July 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Due to Covid-19 the EAMD footprint may change flexibly to support the potential surge in attendances.		
Falls assessments are completed in full for all patients in the emergency unit awaiting admission.	2.3 Falls Prevention	<p>Falls education and training for all new staff is undertaken at induction</p> <p>Staff have been reminded of their responsibility to undertake timely falls risk assessments. This has been communicated via email, closed Facebook group and the fortnightly focus.</p> <p>The fortnightly focus provides information at every nursing safety briefing at 07:00 hours and 19:00hours for staff in the Emergency Unit, Assessment Unit and Paediatric Emergency Unit. This time scale is to ensure that all staff receive the information despite annual leave and rostered days off.</p> <p>The Nurse in charge will undertake regular spot audits and remind staff of their responsibility to complete the falls</p>	<p>EAMD in conjunction with the education team</p> <p>LW –Senior Nurse</p> <p>EAMD Team Senior</p>	<p>Completed</p> <p>July 2020</p> <p>Ongoing monitoring</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>risk assessments where there are gaps identified.</p> <p>Monthly health and care standards audits are already undertaken. Audit results highlight gaps in staff knowledge and feed into the EAMD education plan.</p> <p>Weekly senior nurse checks will take place to highlight gaps in documentation and support staff to complete documentation</p>	<p>EAMD in conjunction with the Education Team</p> <p>EAMD Senior Nursing Team</p>	<p>August 2020</p>
<p>Cup dispensers are provided to avoid cross contamination.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Due to the Covid-19 Pandemic and the increased infection control vigilance, cup dispensers are not currently supported within the EAMD.</p> <p>Bottled water has been purchased to promote patient hydration and ensure infection prevention and control. This will be reviewed when restrictions are eased to allow other forms of hydration to be provided.</p>	<p>EAMD Senior Nursing Team</p>	<p>Completed</p>
<p>The health board is required to provide details of the action it will take to ensure that:</p>	<p>2.5 Nutrition and Hydration</p>			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Drinking water is replenished on a frequent basis in both the EU and paediatric emergency unit and plastic cups stored appropriately in the AU The free standing water container in the paediatric emergency unit is replaced by an appropriate water dispenser. 		<p>Due to Covid-19 all containers and cups have been removed. Bottled water is available for patients.</p> <p>The water container was removed at the time of the inspection. The Paediatric Emergency Unit is now in the main Children's hospital for Wales. The Minor injuries Unit is now located in this area.</p> <p>Alternative water fountains to be sourced when the infection prevention and control measures are eased. In the meantime bottled water is available in the area.</p>	<p>LW –Senior Nurse</p> <p>LW –Senior Nurse</p>	<p>Completed</p> <p>Review on a 3 monthly basis</p>
<p>The health board is required to provide details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Oxygen prescribed and administered to patients is recorded on prescription charts 	2.6 Medicines Management	<p>Staff have been reminded of their responsibility to ensure that administered oxygen is prescribed in accordance with with the Cardiff and Vale Medicines code 2019. This should</p>	EAMD Senior nursing team	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Intravenous fluids prescribed and administered to patients are recorded on appropriate documentation and prescription charts Drugs cupboards are locked 		<p>be this completed following emergency administration.</p> <p>This has been communicated via email, Facebook and fortnightly focus.</p> <p>Staff have been reminded of their responsibility to ensure intravenous fluids are prescribed prior to administering and are recorded on the All Wales fluid balance chart in conjunction with the Cardiff and Vale Medicines code 2019.</p> <p>This has been communicated via email, closed Facebook group and fortnightly focus forum</p>	<p>EAMD Senior nursing team</p>	<p>Completed</p>
		<p>Staff have been reminded of their responsibility to ensure all medicines are stored in a locked cupboard or within the Omnicel medicines storage system.</p>	<p>EAMD Senior nursing team</p>	<p>Completed</p>
		<p>This has been communicated via email, closed Facebook group and fortnightly focus. Senior Nurse weekly spot checks</p>	<p>EAMD Senior nursing team</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Medication is stored away appropriately Sharps boxes are used and contents disposed of appropriately Pain assessments and evaluations are documented in patient case notes. 		<p>will be undertaken to ensure compliance.</p>		
		<p>Medication within the cupboard in Minor Injuries has been transferred to a locked cupboard. The keys are kept by a qualified nurse as per Cardiff and Vale Medicines Code 2019,</p>	<p>EAMD Senior nursing team</p>	<p>Completed</p>
		<p>All staff have been reminded of their responsibility in relation to safe sharps management.</p> <p>This has been communicated via email, closed Facebook group and fortnightly focus.</p>	<p>EAMD Senior nursing team</p>	<p>Completed</p>
<p>All staff have been reminded of their responsibility to ensure patient's pain is assessed pre and post analgesia and clearly evaluated/documentated in the notes.</p>	<p>EAMD Senior Team</p>	<p>Completed</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>This has been communicated via email, Facebook and fortnightly focus.</p> <p>Monthly health and care standards audits are undertaken and results highlight gaps in staff knowledge and feed into the education team plan.</p>		
Bins in the EU triage area are replaced	2.9 Medical devices, equipment and diagnostic systems	<p>80% of bins were replaced during the inspection with soft closing types due to noise pollution and general disrepair of existing bins.</p> <p>The remaining 20% of bins were in working order. These will be monitored regularly to ensure that they remain in working order and are replaced accordingly.</p> <p>This will be monitored through the senior nurse spot check and incorporated into the daily HCSW roles and responsibilities.</p>	EAMD Senior nursing team	Completed March 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to provide details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> The results of spot checks and audits are made available to staff 	<p>3.1 Safe and Clinically Effective care</p>	<p>We intend to provide staff with monthly updates and display information on a 'How are we doing' board in due course, however this is not currently possible in light of Covid-19 infection control guidance.</p> <p>To overcome this a monthly newsletter will be developed in order to provide a variety of information to staff including feedback of the outcome of audits. The newsletter will follow a similar format to that of the Quality and Safety agenda. This will provide a structured approach to allow seamless feedback into the QSE meetings.</p> <p>The newsletter will be disseminated by email and closed Facebook group with laminated copies available for staff areas.</p>	<p>JW –Senior Nurse</p> <p>WP –Lead Nurse</p>	<p>Oct 2020</p> <p>September 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> The joint protocol for the care of patients who attend EU via ambulance is reviewed to ensure the responsibility of patients is agreed and documented. 		<p>The agreed joint protocol highlights <i>“If any patient on an ambulance requires care of their hygiene needs including washing or use of a toilet, they must be brought into the EU where this care can be provided and then returned to the vehicle until a clinical space becomes available”</i>. The lead nurse will work with WAST to agree and clarify the requisite responsibilities.</p>	<p>WP –Lead nurse WAST</p>	<p>September 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>When restrictions are eased the EAMD have designed a bespoke survey to meet the specific needs of the directorate. This will be disseminated monthly when restrictions are eased.</p>		
<p>Management to remind staff of the appropriate use of nursing documentation.</p>	<p>3.5 Record keeping</p>	<p>All new staff on induction are provided the support and relevant education regarding all types of documentation and understand their professional and legal responsibility</p> <p>All staff have been reminded of their professional and legal responsibility regarding documentation. This has been communicated via email, closed Facebook group and fortnightly focus.</p> <p>Monthly health and care standards audits are undertaken and results will highlight gaps in staff knowledge and feed into the education team plan.</p> <p>The senior nurse will undertake weekly checks to highlight gaps in documentation and support staff in completing documentation</p>	<p>EAMD senior nursing team in conjunction with EAMD education team</p>	<p>October 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> All staff receive an up to date PADR and it is recorded on ESR 		<p>team and feedback and escalate where compliance is not met or cannot be met</p> <p>Band 7 Team leaders will ensure compliance of PADR's of all staff members in their team and feedback and escalate where compliance is not met or cannot be met.</p> <p>All PADR's will be uploaded onto ESR and provide evidence to the Senior Nursing via monthly 1:1 meeting with senior nurse.</p> <p>Lead /Senior Nurse will feedback performance dashboard at Band 7 away days and provide support where required.</p> <p>Due to Covid-19 different ways of communication and undertaking team meeting via video conferencing are currently being considered.</p> <p>Monthly feedback will be given via Medicine clinical board performance</p>	<p>EAMD Senior nursing team</p> <p>WP –Lead Nurse</p>	<p>October 2020</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> They explore the reasons why staff have expressed concerns in the HIW questionnaires and Pulse survey. 		<p>meetings, mandatory and statutory training and PADR compliance.</p> <p>Staff meetings with HR to feedback results of Pulse survey will be reinstated.</p> <p>To encourage working groups from all staff grades to support inclusive change to promote staff wellbeing.</p> <p>Due to Covid-19 different ways of communication and undertaking team meeting via video conferencing are currently being considered.</p> <p>Utilise newsletter to feedback to all staff.</p>	WP –Lead Nurse	October 2020
<p>The appropriate number of nurses are rostered at night in the paediatric emergency unit to ensure safe staffing and continuum of care.</p>	7.1 Workforce	<p>Daily rosters will be reviewed to ensure safe staffing levels on all shifts</p> <p>Bench-marking against hospitals in the UK will be undertaken to support the staffing needs for the Paediatric Emergency Units to underpin the need for an establishment review.</p>	<p>EAMD senior Nursing team</p> <p>NC - Consultant</p>	<p>October 2020</p> <p>July 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		This will incorporate forward planning to support the Paediatric single point of entry		

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): Rebecca Aylward

Job role: Director of Nursing

Date: 2nd July 2020