# Medicines Management

## Final Internal Audit Report

## 2025/26

## Cardiff & Vale University Health Board

Reasonable Assurance

**Contents**



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| **Review Reference** | CVU-2526-32 |
| **Fieldwork** | February – May 2026 |
| **Executive Sign Off** | June 2026 |
| **Audit Committee** | September 2026 |
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# Executive Summary

## Purpose

Our review of Medicines Management was completed in line with the 2025/26 Internal Audit Plan for the Cardiff and Vale University Health Board ('the Health Board')

The purpose of the audit was to review Medicines Management arrangements following introduction of the electronic system, including a focus on medication safety and management of risks.

The Health Board has produced a Medicines Code to replace previous Medicines Policies and Procedures. The purpose of the Medicines Code is to set out a clinical and corporate governance framework to promote safe and secure systems for the controlling and handling of medicinal products in hospitals and clinics operated by the Health Board.

The Health Board are in the process of implementing an Electronic Prescribing and Medicines Administration (ePMA) system to enable more efficient medication management. The new system will allow healthcare professionals to electronically prescribe and administer medicines.

As part of the audit, we visited and undertook fieldwork in wards B4 and Lakeside 4 in University Hospital of Wales (UHW) and East 2 and Ash in University Hospital Llandough (UHL).

## Overview

We have concluded **reasonable** assurance on this area. The matters requiring management attention include:

- Medicines management training is not consistently completed.
- The ePMA tap to order function may result in duplicate orders, as ward staff may be unaware that an order has already been placed, leading to repeat orders that subsequently require cancellation.
- All staff should be reminded of the required medicines storage arrangements and the importance of adhering to these to prevent lapses in compliance.
- A small number of medicines related incidents and risks had remained open within the Datix system for an extended period without adequate investigation and follow up having been undertaken.

Full details of matters arising are included within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- The Medicines Code on the intranet policies page is not the latest version, although it is not vastly different.
- There have occasionally been difficulties getting ePMA QR codes to scan successfully which will need to be kept under review.
- The introduction of notifications to medicines administrators when changes are made to a patient's prescription would be beneficial, as this would allow sufficient time to obtain medicines where required.

## Scope & Assurance Summary

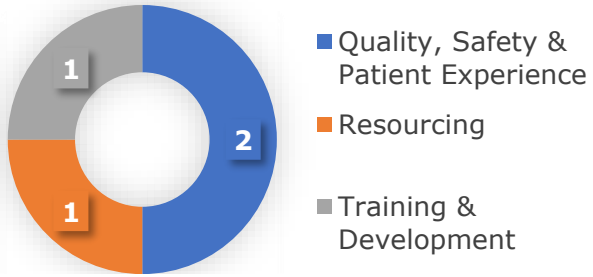
| | Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.) | Related Findings | Assurance |
|---|---|---|---|
| 1 | Appropriate and up to date written Medicines Management policies/procedures are in place, including detail on the new electronic system, which have been communicated to all staff required to follow them. | - | **Substantial** |
| 2 | Relevant staff have received appropriate training on the medicines management processes, including the new electronic system. | 1 | **Reasonable** |
| 3 | The written policies/procedures are being followed correctly within wards and departments and ensure that medicines are being prescribed, ordered, received, stored and administered appropriately in line with pharmacy standards, Health & Safety requirements and other relevant regulations. | 2, 3 | **Reasonable** |
| 4 | Medicines Management audits are being carried out by wards as part of the routine Tendable audit process. | - | **Substantial** |
| 5 | Robust processes are in place for the identification, recording and reporting of Medicines management related incidents and risks and mitigating actions and learning are implemented to prevent recurrence. | 4 | **Reasonable** |

### Management Actions

**2** High Priority

**2** Medium Priority

### Themes




### Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

| **Objective 1:** Appropriate and up to date written Medicines Management policies/procedures are in place, including detail on the new electronic system, which have been communicated to all staff required to follow them. | **Substantial** |
|---|---|

**Overview / Summary of Observations**

The Health Board has an established Medicines Code, dated April 2025, with the date of next review scheduled for July 2026. The document is detailed and comprehensive, covering all key areas, including prescribing, ordering, receiving, storage and administration of medicines and appears appropriate at face value. However, Health Board management consider it to be overly lengthy and plan to revise it into a contents summary supported by links to relevant underlying guidance. As part of this work, the Nurse Advisor for Medicines Management is leading a project in collaboration with the Shaping Change Team, with a task and finish group established to review and update the Medicines Code.

Comprehensive guidance and support for staff are available via a dedicated Electronic Prescribing and Medicines Administration (ePMA) Sharepoint page which is accessible to all staff and includes:

- E-learning training modules and a suite of user guides and videos covering prescribing and administration and administrative use of the system.
- A calendar of upcoming training events alongside a recording of a previous demonstration event explaining how to use the ePMA system.
- Guidance on actions to take if ePMA is unavailable or cannot be accessed.
- Procedures when transferring patients from a non ePMA to an ePMA ward and vice versa.

General information for patients regarding the existence of ePMA and what to expect is also available on the public internet.

We did note that the Medicines Code currently published on the Sharepoint policies page and accessible to all staff is not the latest version, although it is not vastly different.

All sampled Ward Managers confirmed that ward staff are familiar with the Medicines Code and would seek guidance / clarification as required.

| **Objective 2:** Relevant staff have received appropriate training on the medicines management processes, including the new electronic system. | **Reasonable** |
|---|---|

**Overview / Summary of Observations**

All newly registered nurses and midwives are required to complete comprehensive medicines management training during their initial twelve month preceptorship period. Refresher training is then expected to be completed every three years, with both recorded in their ESR training record. However, for one of the wards sampled, while 73% of staff had completed their refresher training within the last three years, the remaining staff completed it over three years ago. In addition, across the other wards sampled, all staff listed on the ESR training record had last completed their refresher training more than three years ago, and some staff had never completed the training.

ePMA training is provided prior to the ward transitioning to the electronic system. The ePMA team attend the ward to provide the training and identify prescriber and medicines administrator staff. These staff are then set up with the relevant access within the ePMA system.

The Nurse Advisor for Medicines Management has confirmed that the training is appropriate and adequately covers all relevant aspects of Medicines Management. She also confirmed that all new starters attend medicines management training and are required to complete MARRS e-learning module. Staff joining from other Health Boards are required to evidence of having completed Medicines Management training in their previous organisation, and are then required to complete one observed medication round, along with the MARRS online training.

<table>
<tr><th colspan="2">Key Findings</th><th>Risk & Impact</th><th>Agreed Management Action</th></tr>
<tr><td>1</td><td>Completion of three yearly medicines management training<br>We were provided with the following data from ESR for the refresher training for the sample wards:<br><table><tr><th>Ward</th><th>Number of staff listed in the ESR report as having completed Medicines Management training</th><th>Number of staff who completed the refresher training more than three years ago</th></tr><tr><td>B4 in UHW</td><td>22</td><td>6 (27%)</td></tr><tr><td>Lakeside 4 in UHW</td><td>5</td><td>5 (100%)</td></tr></table></td><td>Patient harm caused by inadequate medicines training.</td><td>Agreed Action:<br>We will review how frequently Medicines Management training should be delivered within the All-Wales Nurse Advisors for Medicines Management Group.<br><br>Expected Evidence of Implementation:</td></tr>
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| | | | | |
|---|---|---|---|---|
| | East 2 in UHL | 2 | 2 (100%) | |
| | Ash in UHL | 3 | 3 (100%) | |
| | For Ward B4 at UHW, 27% of staff completed their confirmation / update training more than three years ago. Across the other wards sampled, only a very small number of staff had completed the refresher training and all of those had completed it over three years ago. | | **High Priority** | Evidence of discussion within the All-Wales Nurse Advisors for Medicines Management Group about the frequency of Medicines Management training being delivered.<br><br>**Officer: Gemma Taylor (Nurse Advisor for Medicines Management)**<br><br>**&**<br><br>**Bethany Watkins (Professional & Practice Development Nurse for Medicines Management)**<br><br>**Target Implementation Date: July 2026** |
| | **Theme:** Training & Development | | Control Operation | |

| **Objective 3:** The written policies/procedures are being followed correctly within wards and departments and ensure that medicines are being prescribed, ordered, received, stored and administered appropriately in line with pharmacy standards, Health & Safety requirements and other relevant regulations. | **Reasonable** |
|---|---|

**Overview / Summary of Observations**

As outlined in the Executive Summary, we visited wards B4 and Lakeside 4 in University Hospital of Wales (UHW) and East 2 and Ash in University Hospital Llandough (UHL). The findings set out below relate specifically to these wards.

**Prescribing**

Medicines are generally prescribed by the doctors responsible for the patient.

Once the relevant training has been completed, doctors can be set up on ePMA system, enabling them to prescribe medicines using predefined drop down options. These options are supported by recommended guidance which automatically populate the patient's administration chart.

In wards where the ePMA system has not yet been implemented, doctors record the prescribed medicines on standard A4 paper medication charts that replicate the ePMA system, and then sign and date each prescription.

Our review indicated that the prescribing procedures are in line with policies / procedures, the ePMA system (where implemented) and relevant regulations.

**Ordering**

Wards use a range of methods to order medicines, with requests submitted to pharmacy for review. Pharmacy checks each order and investigate any queries before processing. Our review found that the ordering practices are consistent with policies / procedures, the ePMA system (where implemented) and relevant regulations.

While staff were generally positive regarding implementation of the new electronic system, it was noted that an issue has been encountered across the Health Board where the ePMA tap to order option is used multiple times as ward staff do not realise that it has already been used to order medicines and so the repeat orders have to be cancelled by pharmacy.

**Receiving**

For wards operating under an enhanced pharmacy contract, medicines are topped up by a dedicated pharmacy technician. Alternatively, medicines are delivered to the ward by pharmacy technicians or porters and are handed over at the nurse's desk or secured within the locked treatment room. In other cases, ward nurses may collect medicines directly from the pharmacy. Controlled drugs require ID and must be formally signed for on receipt.

Detailed information relating to the transfer of medicines to wards or clinical units is maintained within the pharmacy's records.

Our review found that procedures for the receipt of medicines are consistent with relevant policies, procedures and applicable regulations.

**Storing**

Medicines are generally stored in locked cupboards within locked treatment rooms, with controlled drugs stored separately and subject to additional security controls. Access is restricted to authorised medicines administration staff through staff ID card swipe access or the use of keys. However, during ward visits, lapses were identified as detailed in the key findings.

Fridges are available in ward treatment rooms to store temperature critical medicines. In most wards visited, fridge temperatures were checked and recorded daily and were maintained within the required range. However, on one ward, temperature checks were not consistently recorded. During our visit, a fridge temperature alarm activated, indicating the temperature was approaching the maximum acceptable limit. We were subsequently advised by the Nurse Advisor for Medicines Management that the temperature remained within range, was checked and reset and subsequently operated correctly.

The Ward Managers for the sample of wards visited confirmed that Nurses are aware of the need to comply with medicine expiry date requirements.

**Administering**

Medicines are administered by the ward nurses. On ePMA wards, details such as the drug, dose and time administered is recorded electronically using the hand held ePMA devices, while on non ePMA wards, this information is recorded on paper charts.

For controlled drugs or fluids, a second nurse must verify administration. On ePMA wards, this is confirmed by scanning the second nurse's QR code, without which administration cannot proceed. On non ePMA wards, a double signature is required on the paper chart.

The administering procedures are in line with policies/procedures, the new electronic system where in place and relevant regulations.

The Administration staff stated that the ePMA process felt slower, although it was acknowledged that it was safer. However, there have occasionally been difficulties scanning QR codes successfully which will need to be kept under review.

However, while information on the ePMA hand held devices updates when a change is made to the prescribed medicine, it would be useful if a notification were also received to highlight the change to allow time to obtain the medicine from the pharmacy if it is not available on the ward.

| Key Findings | | Risk & Impact | Agreed Management Action |
|---|---|---|---|
| 2 | **ePMA tap to order duplication**<br><br>An issue has been encountered across the Health Board where the ePMA tap to order option is used multiple times as ward staff do not realise that it has already been used to order medicines and so the repeat orders have to be cancelled by pharmacy.<br><br>We were informed that this was considered when developing ePMA but that there were IT issues enabling the ePMA system to communicate with the separate pharmacy system. | Wasted pharmacy time cancelling ePMA tap to order duplication. | **Agreed Action:**<br><br>We will meet with the ePMA team to review areas where duplicate orders have occurred and address this with the nursing staff to prevent duplicate orders being placed.<br><br>**Expected Evidence of Implementation:**<br><br>ePMA tap to order duplication does not occur. |
| | | **Medium Priority** | **Officer: Bethany Watkins (Professional & Practice Development Nurse for Medicines Management)** |
| | **Theme:** Resourcing | Control Design | **Target Implementation Date: July 2026** |

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| 3 | **Lapses in medicines storage arrangements**<br><br>The following lapses were identified during our ward visits:<br><br>• In one ward, a delivery box of assorted medicines was observed on the floor of the locked treatment room which had not been stored in the designated cupboards. In another ward, the treatment room door was unlocked on our arrival, and one of the medicines cupboards was also unlocked.<br>• In one ward, the controlled drugs cupboard key was kept with the main medicines keys rather than being stored separately. In another ward, the controlled drugs cupboard key was locked inside the main medicines cabinet rather than being held by a senior member of staff. This does not align with the Health Board's Medicines Code, which states that best practice requires controlled drugs keys to be kept separately from non-controlled medicine keys and to remain with the person in charge of the ward or area when not delegated or in use.<br>• In one ward, fridge temperature checks for temperature critical medicines were not recorded daily to evidence that the medicines were being stored within the appropriate temperature range.<br><br>We were advised by the Nurse Advisor for Medicines Management that this was not a common occurrence, the delivery of stock had been made, and staff were busy and therefore medicines were kept in the box in a locked treatment room that could only be accessed by a key code with a plan to put away later that shift. This was the winter pressures ward | Patient harm or financial loss caused by inappropriate medicines storage. | **Agreed Action:**<br><br>We recently undertook a UHB wide medicines storage audit, this highlighted some areas that require new cupboards for storage.<br><br>Staff will be reminded of the importance of ensuring that the main door to the treatment room is locked at all times.<br><br>We will ensure that fridge temperatures are being recorded on a daily basis.<br><br>We have addressed with senior nursing colleagues and staff of the policy regarding control drugs keys.<br><br>For future winter wards we will ensure that staff covering these areas will be provided with UHB standards and expectations for meds storage safety.<br><br>**Expected Evidence of Implementation:**<br><br>Lapses in medicines storage arrangements do not occur. |

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|---|---|---|---|
| | which was heavily run by agency and bank staff therefore noting that standards of practice were varied.<br><br>In addition, we were advised that following this, a UHB wide Medicines Storage Assurance audit took place over 93 wards/depts/units/theatres, and the overall storage compliance was above 80% - the main concerns highlighted were not about medicines being left out of storage, but the state of repairs e.g. some medication cupboards did not lock, but medicines had been moved into a safe place and still in a locked treatment room. | **High Priority** | **Officer: Gemma Taylor (Nurse Advisor for Medicines Management)**<br><br>**Target Implementation Date: September 2026** |

| **Objective 4:** Medicines Management audits are being carried out by wards as part of the routine Tendable audit process. | **Substantial** |
|---|---|

**Overview / Summary of Observations**

Designated medicines management audits should be completed in April and October each year on Tendable.

The audits are completed by Ward Managers, Deputy Ward Managers or more experienced ward staff by tapping responses to the suite of tests directly into the Tendable app along with additional narrative information where appropriate. If discrepancies / issues arise, these would be dealt with by the Ward Manager as appropriate.

The Tendable reports for the sample wards confirm that they were appropriately completed in accordance with the audit timetable.

Each Clinical Board has access to Tendable which allows monitoring of completion of their audits and the number and nature of issues identified.

| **Objective 5:** Robust processes are in place for the identification, recording and reporting of Medicines management related incidents and risks and mitigating actions and learning are implemented to prevent recurrence. | **Reasonable** |
|---|---|

**Overview / Summary of Observations**

All ward staff are responsible for identifying and recording incidents and risks. When the incident / risk is recorded in the Datix system, the reporter's Line Manager / Ward Manager is automatically notified that an incident / risk has been reported and is required to consider it and record their response / action taken in Datix before they can close the incident / risk.

The Ward Manager is primarily responsible for implementing mitigating actions and learning to prevent recurrence and following this up to ensure that incidents do not recur and risks are kept to a minimum. This will vary depending on the nature of the incident / risk but will typically be via ward management and team meetings and written reminders to staff. Furthermore, all medicines incidents and risks are automatically notified to the Nurse Advisor for Medicines Management by Datix who reviews them and takes additional wider action where appropriate.

We reviewed the Datix reports for the sample wards from 1 March 2025 to 18 March 2026 which indicated that while the vast majority of incidents and risks had been satisfactorily investigated and followed up, there were a small number of incidents and risks where this was not the case.

| | Key Findings | Risk & Impact | Agreed Management Action |
|---|---|---|---|
| 4 | **Incidents and risks remaining open for an excessive length of time**<br><br>Our review of the Datix reports for the sample wards from April 2025 indicated that a small number of medicine related incidents and risks had remained open for an excessive length of time.<br><br>Specifically, one ward included two incidents, and a second ward included one incident which had been open for an excessive amount of time without adequate investigation and follow up having been undertaken. | Incidents and risks are not managed on a timely basis. | **Agreed Action:**<br><br>Ward Managers will be reminded that adequate investigation of medicine related incidents and risks must be undertaken as soon as possible so that they do not remain open for an excessive amount of time. |
| | | | **Expected Evidence of Implementation:**<br><br>All incidents and risks have been reviewed and closed in a timely manner. |
| | | **Medium Priority** | **Officer: Gemma Taylor (Nurse Advisor for Medicines Management)**<br><br>**Target Implementation Date: July 2026** |
| | **Theme:** Quality, Safety & Patient Experience | Control Operation | |

# Appendix A

## Assurance Opinion

| | | |
|---|---|---|
|  | **Substantial** | Few matters require attention and are compliance or advisory in nature.<br>**Low impact** on residual risk exposure. |
|  | **Reasonable** | Some matters require management attention in control design or compliance.<br>**Low to moderate impact** on residual risk exposure until resolved. |
|  | **Limited** | More significant matters require management attention.<br>**Moderate impact** on residual risk exposure until resolved. |
|  | **Unsatisfactory** | Action is required to address the whole control framework in this area.<br>**High impact** on residual risk exposure until resolved. |
|  | **Advisory** | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.<br>These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

## Prioritisation of Findings

| Priority | Explanation |
|---|---|
| **High** | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| **Medium** | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance. |

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.


Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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