

20-MINUTE COMPLIANCE CHECK

# Temperature compliance report

Ashby Vale Community Hospital (example)

Green Book

Medicines storage

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**PREPARED FOR**

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Ashby Vale Community Hospital (example)

**SCOPE**

Pharmacy stores, Ward and theatre drug fridges, Vaccine fridges (staff health and clinics)

**PREPARED BY**

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JTF Wireless · 19 October 2026

**BASIS**

What you told us on the call. We have not inspected your records.

## SUMMARY

# Ward fridges have a weekend monitoring gap, despite well-run clinic vaccine fridges.

**46%**

overall, across 14 questions answered

**11**

gaps to close

**2**

regimes covered by one set of answers

Your clinic vaccine fridges were described as well run. On wards, morning min/max readings are often missed at weekends, and there are no fridge alarms to flag a problem before the next check.

That leaves you finding some excursions on Monday without knowing how long they lasted. Thermometers that are replaced rather than calibrated add uncertainty about the readings themselves.

Alerts, continuous records and traceable calibration would give you an earlier prompt and better evidence for stock decisions. Alerts should reach a named responder without adding routine checks for nurses.

## Your top three risks

1. No ward-fridge alarms **Not met**
2. Readings lack calibration evidence **Not met**
3. Weekend duration is unknown **Not met**

YOUR SCORE

By section

| SECTION                      |                        | SCORE | MET | PARTLY | NOT MET | NOT KNOWN |
|------------------------------|------------------------|-------|-----|--------|---------|-----------|
| Records and review           | <div><div></div></div> | 50%   | 1   | 4      | 1       | 0         |
| Alarms and out of hours      | <div><div></div></div> | 0%    | 0   | 0      | 2       | 0         |
| Calibration and traceability | <div><div></div></div> | 0%    | 0   | 0      | 1       | 0         |
| Excursions and CAPA          | <div><div></div></div> | 83%   | 2   | 1      | 0       | 0         |
| Mapping and qualification    | <div><div></div></div> | 50%   | 0   | 1      | 0       | 0         |
| Training                     | <div><div></div></div> | 50%   | 0   | 1      | 0       | 0         |

By regime

Each answer counts for every regime it applies to, so you were asked each question once.

| REGIME                                                                  |                        | SCORE | QUESTIONS |
|-------------------------------------------------------------------------|------------------------|-------|-----------|
| Green Book<br>Vaccine storage (UKHSA Green Book, chapter 3)             | <div><div></div></div> | 50%   | 11        |
| Medicines storage<br>Medicines in pharmacy, wards, theatres and clinics | <div><div></div></div> | 36%   | 11        |

## Why they matter

### No ward-fridge alarms Not met

Without an alarm, a weekend excursion may go unnoticed until Monday. By then, stock may already be at risk, with staff left to handle the consequences.

Green Book Chapter 3: React to anything outside +2 to +8 °C and record what you did.

Medicines storage NHS SPS, temperature monitoring alerts: Alarm set just inside the limit (for example 7.5 °C for an 8 °C maximum) so staff can act before an excursion.

### Readings lack calibration evidence Not met

Replacing thermometers does not provide traceable evidence that their readings can be relied on. If a thermometer is inaccurate, the readings used for earlier stock decisions are in doubt.

Green Book Chapter 3: Max–min thermometer calibrated annually; yearly servicing and calibration.

Medicines storage NHS SPS, temperature sensors: Sensors calibrated annually to  $\pm 0.5$  °C by an accredited service, at 2 or 3 points (3 under an MHRA licence).

### Weekend duration is unknown Not met

A morning min/max check cannot show when a weekend excursion began or how long it lasted. Without that record, you lack evidence needed to decide whether affected stock can be used.

Green Book Chapter 3: Monitored continually with a max–min thermometer; recorded at least once each working day.

Medicines storage NHS SPS, temperature monitoring alerts: Temperatures monitored continuously, with min/max readings checked, recorded and reset at least once a day.

## COVERAGE

# Each answer, under every regime it counts for

| QUESTION                                                                                                                                                                             | GREEN BOOK | MEDICINES STORAGE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| Are fridges read and recorded at least once each working day (minimum, maximum, current), with the thermometer reset, even where a logger is fitted?                                 | Met        | .                 |
| How are temperatures recorded: continuously, including nights and weekends, or at manual checks only?                                                                                | Not met    | Not met           |
| Is every temperature-controlled unit and area listed, with its acceptable range and an ID that matches its sensor?                                                                   | Partly     | Partly            |
| Is the monitoring independent of each unit's own controller, with its own sensor rather than the fridge's display or control probe?                                                  | Partly     | Partly            |
| How long are temperature records kept, is that the longest period any rule or customer agreement asks for, and how quickly can you pull up a given week?                             | Partly     | Partly            |
| Are the records reviewed and signed off at a set frequency, showing who reviewed them, when, and whether any issue was found?                                                        | .          | Partly            |
| Does every unit have alarm limits set just inside its range, so a named person is told before the stock goes out?                                                                    | Not met    | Not met           |
| Is every alarm delay set and justified from data: long enough that door openings and blips do not trigger it, short enough to catch a real failure?                                  | .          | Not met           |
| Is every monitoring sensor calibrated at least yearly by an accredited service, traceable to national standards, across the range it is used over and on the whole measuring system? | Not met    | Not met           |
| Is each calibration certificate matched to its sensor's serial number, reviewed against your own acceptance criteria and signed off by you, with due dates tracked?                  | .          | Not asked         |
| For each excursion, is the impact assessed from the start, peak and duration, and the decision on the stock recorded by the right person with the evidence they used?                | Partly     | .                 |
| Is there a written procedure for an excursion: what to do first, who is told, who decides about the stock, what to record?                                                           | Met        | Met               |
| If a unit fails or the power goes, where does the stock go, when is it moved, and is the back-up capacity agreed in advance?                                                         | Met        | .                 |
| Are medicines and vaccines kept in purpose-made pharmaceutical fridges (not domestic ones), secured and with a protected plug?                                                       | Partly     | Partly            |
| Are the people who record readings and respond to alarms trained for it, with the training recorded?                                                                                 | .          | Partly            |

# What the rules ask

| GAP                                                                                                                                                                                                                                       | ANSWER  | REGULATION AND SOURCE                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Does every unit have alarm limits set just inside its range, so a named person is told before the stock goes out?<br>You said: No alarms on ward fridges                                                                                  | Not met | <b>Green Book Chapter 3:</b> React to anything outside +2 to +8 °C and record what you did. <a href="#">Source</a><br><b>Medicines storage NHS SPS, temperature monitoring alerts:</b> Alarm set just inside the limit (for example 7.5 °C for an 8 °C maximum) so staff can act before an excursion. <a href="#">Source</a>                          |
| Is every monitoring sensor calibrated at least yearly by an accredited service, traceable to national standards, across the range it is used over and on the whole measuring system?<br>You said: Thermometers replaced, never calibrated | Not met | <b>Green Book Chapter 3:</b> Max–min thermometer calibrated annually; yearly servicing and calibration. <a href="#">Source</a><br><b>Medicines storage NHS SPS, temperature sensors:</b> Sensors calibrated annually to $\pm 0.5$ °C by an accredited service, at 2 or 3 points (3 under an MHRA licence). <a href="#">Source</a>                     |
| How are temperatures recorded: continuously, including nights and weekends, or at manual checks only?<br>You said: Daily min/max only on wards                                                                                            | Not met | <b>Green Book Chapter 3:</b> Monitored continually with a max–min thermometer; recorded at least once each working day. <a href="#">Source</a><br><b>Medicines storage NHS SPS, temperature monitoring alerts:</b> Temperatures monitored continuously, with min/max readings checked, recorded and reset at least once a day. <a href="#">Source</a> |
| Is every alarm delay set and justified from data: long enough that door openings and blips do not trigger it, short enough to catch a real failure?<br>You said: Pharmacy cold room alarm has no delay and sounds at every delivery       | Not met | <b>Medicines storage NHS SPS, temperature monitoring alerts:</b> A delay may allow for the rise when a door opens, but should be as short a period as practically possible. <a href="#">Source</a>                                                                                                                                                    |
| Are medicines and vaccines kept in purpose-made pharmaceutical fridges (not domestic ones), secured and with a protected plug?<br>You said: Two domestic fridges still on wards                                                           | Partly  | <b>Green Book Chapter 3:</b> Specialised pharmaceutical fridges; ordinary domestic fridges must not be used. <a href="#">Source</a><br><b>Medicines storage Storage:</b> Medicines stored securely under suitable conditions. <a href="#">Source</a>                                                                                                  |
| Is every temperature-controlled unit and area listed, with its acceptable range and an ID that matches its sensor?<br>You said: Pharmacy knows its units; ward fridges change without telling pharmacy                                    | Partly  | <b>Green Book Chapter 3:</b> Vaccines kept at +2 to +8 °C, aiming for +5 °C; each fridge has a unique ID. <a href="#">Source</a><br><b>Medicines storage Storage:</b> Medicines stored under the conditions their licence requires (storage is one of the standard's five areas). <a href="#">Source</a>                                              |
| For each excursion, is the impact assessed from the start, peak and duration, and the decision on the stock recorded by the right person with the evidence they used?<br>You said: Weekend excursions: duration unknown, stock discarded  | Partly  | <b>Green Book Chapter 3:</b> Find the last reliable reading and the time and cause; don't use until advised. <a href="#">Source</a>                                                                                                                                                                                                                   |

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Is the monitoring independent of each unit's own controller, with its own sensor rather than the fridge's display or control probe?

You said: Some ward fridges are read from the built-in display only

Partly

**Green Book Chapter 3:** At least one max–min thermometer that runs independently of mains power, in addition to any built-in thermometer. [Source](#)

**Medicines storage Safe and secure handling of medicines (case study):** A fridge display read normally while an independent thermometer showed 0 °C; every fridge was then given a second, external thermometer. [Source](#)

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How long are temperature records kept, is that the longest period any rule or customer agreement asks for, and how quickly can you pull up a given week?

You said: Paper charts kept a year

Partly

**Green Book Chapter 3:** Fridge records kept at least one year and covering the full storage history of the stock; five years will generally cover it. [Source](#)

**Medicines storage NHS SPS, pharmacy records:** Storage temperature records and vaccine temperature logs kept at least 5 years; vaccine fridge maintenance logs 11 years. [Source](#)

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Are the records reviewed and signed off at a set frequency, showing who reviewed them, when, and whether any issue was found?

You said: Pharmacy audits ward charts quarterly

Partly

**Medicines storage NHS SPS, temperature monitoring alerts:** An independent daily check confirms the readings and resets were done; logger data reviewed periodically for trends such as drift. [Source](#)

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Are the people who record readings and respond to alarms trained for it, with the training recorded?

You said: Agency staff not trained on reset

Partly

**Medicines storage Regulation 12(2)(c):** Competent staff. [Source](#)

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## What to do, in order

### Quick wins

1. List each ward fridge, its acceptable range, thermometer or sensor ID, and named owner. Flag the domestic fridges for review.
2. Write a weekend escalation procedure naming who receives a fridge alert, who provides cover and who makes the stock decision.
3. Test that ward staff know how to read, record and reset min/max thermometers, including agency staff. Record the training.
4. Use a stock-decision form that captures the readings available, what remains unknown, the action taken and the sign-off. Do not treat a min/max reading as proof of excursion duration.

### Bigger changes

1. Add continuous monitoring and alarms to ward fridges, with alerts routed to a named out-of-hours responder rather than adding routine work for nurses.
2. Arrange accredited calibration for every monitoring sensor so readings have traceable evidence behind them.
3. Plan the replacement of domestic ward fridges with purpose-made pharmaceutical fridges.

1 question was not covered this time; we will pick it up with you.

## If you want a hand closing the gaps

JTF can help with continuous temperature monitoring and alerts for ward fridges, giving your team records to review after a weekend event.

JTF offers accredited calibration for every sensor it supplies: temperature in its UKAS lab (10723), and CO<sub>2</sub>, humidity and others through accredited partners.

JTF works with 25 NHS trusts, health boards and pathology networks.

### Next steps with us

If useful, we can arrange a follow-up call to work through the ward-fridge alert route and what records your pharmacist needs for a stock decision.

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## SOURCES

|                          |                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Green Book</b>        | UKHSA, The Green Book, chapter 3: Storage, distribution and disposal of vaccines<br><a href="https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3">https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3</a> |
| <b>Green Book</b>        | UKHSA: Protocol for ordering, storing and handling vaccines<br><a href="https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines">https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines</a>                                                            |
| <b>Medicines storage</b> | Royal College of Pharmacy: Safe and secure handling of medicines<br><a href="https://www.rcpharm.org/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines">https://www.rcpharm.org/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines</a>                                   |
| <b>Medicines storage</b> | Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 12 (safe care and treatment)<br><a href="https://www.legislation.gov.uk/uksi/2014/2936/regulation/12">https://www.legislation.gov.uk/uksi/2014/2936/regulation/12</a>                                                                             |
| <b>Medicines storage</b> | NHS Specialist Pharmacy Service: Establishing alerts for temperature monitoring systems<br><a href="https://sps.nhs.uk/articles/establishing-alerts-for-temperature-monitoring-systems/">https://sps.nhs.uk/articles/establishing-alerts-for-temperature-monitoring-systems/</a>                                                      |
| <b>Medicines storage</b> | NHS Specialist Pharmacy Service: Using temperature sensors in medicines storage areas<br><a href="https://sps.nhs.uk/articles/using-temperature-sensors-in-medicines-storage-areas/">https://sps.nhs.uk/articles/using-temperature-sensors-in-medicines-storage-areas/</a>                                                            |

This report summarises what you told us against the published requirements above. It is not an audit or legal advice, and the source documents are what your inspector or auditor works from. Example report: the organisation, people and findings are illustrative.