

Quality Check Summary

Steffan Ward, Glangwili Hospital

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Steffan Ward at Glangwili Hospital as part of its programme of assurance work. The hospital is located within Hywel Dda University Health Board, and the ward cares for patients with acute medical needs, specialising in Gastroenterology, Oncology and Haematology.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the senior sister and senior nurse manager on 25 May 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Most recent falls audit results
- Most recent pressure and tissue damage audit results.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The senior sister described the measures taken by the ward during the pandemic to help protect staff and patients from the risk of transmission of COVID-19. The capacity of the ward was reduced from 19 beds to 18 to allow for safe social distancing between patients. Signage was displayed around the ward to remind patients and staff about the importance of social distancing. Day rooms were turned into extra staff rooms to allow staff to take breaks safely, and face to face training for staff was stopped and replaced by online training.

We reviewed data provided to us before the quality check and saw that incidents of patient falls, and pressure and tissue damage on patients, had occurred over the last 12 months on the ward. We were told that root cause analysis of such incidents have taken place, and we saw that action plans had been developed to implement recommendations made as a result of such investigations. Actions included ensuring that all patients received a risk assessment for developing pressure damage within six hours of admission to the ward, and a falls risk assessment within twenty four hours of admission. We were told that a picture of a fallen star is placed above the bed of a patient that has recently fallen to remind staff of the importance of carrying out the post fall protocol. A fallen star symbol is also placed next to the patient's name on the 'patient safety at a glance' board to alert staff of patients at high risk of falls. We were told that falls, and pressure and tissue damage, are set agenda items on monthly team meetings to discuss any incidents and remind staff of their responsibilities.

We saw that regular spot checks had been undertaken by the senior sister to ensure the environment of the ward was safe for patients, and to check that staff were adhering to the recommendations put in place. The senior sister also informed us about a new initiative recently implemented on the ward, where a member of staff per shift is allocated responsibility for undertaking regular patient safety checks. Checks include ensuring the ward is clutter free, that patients are wearing appropriate footwear and that safety and pressure care prevention is being undertaken by staff. The senior sister told us that this initiative has

helped to reduce the number of incidents of patient falls, and pressure and tissue damage on patients over the last six months.

We discussed the arrangements in place to ensure that patients' dignity is maintained at all times. Each bed has privacy curtains, and staff ensure the doors to side rooms are closed if undertaking personal care. We were told that patient independence is promoted, and that patients are involved in decisions about their care, where appropriate. A family liaison officer has also been available seven days a week to speak to patients and their parents or carers and provide assistance with any needs they may have.

In line with Welsh Government guidelines, visiting restrictions were put in place during the height of the pandemic. We were told that patients have been provided with iPads by the hospital to stay in contact with their families and friends remotely. The senior sister informed us that the assistance provided by the family liaison officer was vital throughout this period. The officer acted as a link between staff and the families, arranged video calls and directed families to services that could provide them with extra help. We were told that visitors have recently been allowed back on the ward, but must ring in advance to book a visiting time. Visitors are asked whether they are experiencing symptoms of COVID-19 and provided with Personal Protective Equipment (PPE) before being allowed on the ward.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key information we reviewed included:

- Previous infection rates on the ward
- Generic infection control policies and Covid-19 specific policies
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits

The following positive evidence was received:

The senior sister described the measures in place to help reduce the risk of transmission of COVID-19 in the ward. Patients have been tested for COVID-19 before being admitted to the ward, and then re-tested every five days. We were told that the ward has been operating as a 'green' ward, which means only patients that had a confirmed negative test, or did not display any symptoms of COVID-19, were admitted to the ward. Patients that began to display symptoms, or received a positive test result, were isolated and barrier nursed, and

transferred to a separate COVID-19 ward within the hospital. We were told that rapid lateral flow tests are available to help identify staff who may have no symptoms but are infectious.

We were informed that a resource folder was created which contained all the latest guidance and information released by Public Health Wales and the health board regarding COVID-19. The folder was kept on the ward for all staff to view. Furthermore, a private messaging group had been set up in order for staff to be immediately informed of any relevant updates or changes.

The senior sister confirmed the following on PPE arrangements on the ward. Staff have received training on how to correctly put on and take off PPE safely to reduce the risk of infection. Information on what levels of PPE should be worn was also included in the COVID-19 resource folder. Staff have been fit tested for FFP3¹ masks to wear when barrier nursing suspected COVID-19 patients. Checks of PPE supplies have been undertaken daily to ensure the ward has had sufficient stocks.

We were provided with a Standard Infection Prevention and Control Precautions (SICPs) policy and a COVID-19 action plan, both of which set out the measures implemented on the ward to reduce the risk of transmission of COVID-19. We saw that the action plan was being monitored for ongoing compliance by the senior nurse manager.

The senior sister told us that regular audits of infection control, hand hygiene and general ward cleanliness are undertaken. The results of such audits form a set of quality indicators for the ward that are collated and reported on quarterly - we saw that the overall audit scores had been improving over recent months and a score of 96 percent was achieved in May 2021.

We saw that compliance with mandatory infection prevention and control training was high across all staff members working on the ward.

The following areas for improvement were identified:

We were informed that despite the measures put in place throughout the ward to help protect staff and patients from the risk of transmission of COVID-19, two outbreaks of COVID-19 amongst patients and staff on the ward have occurred during the last 12 months. Investigations concluded the first outbreak was most likely caused by asymptomatic staff and patients, who carried COVID-19 but did not display or experience any symptoms. The second outbreak was attributed to the admission of a patient to the ward from another health board. The patient had received a negative COVID-19 test prior to admission, but subsequently tested positive after a few days on the ward. The health board must provide assurance to HIW of the lessons learnt from the investigations into the outbreaks and of the actions

¹ FFP3 face masks are filtering face masks. They are used in specific circumstances following risk assessment and in accordance with infection prevention and control guidance. Staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

subsequently taken to ensure such outbreaks can be minimised in future.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

The key documents we reviewed included:

- Data on staff sickness and staff vacancies
- The current percentage completion rates for mandatory training
- The current percentage completion rates for Performance Appraisal and Development Reviews (PADRs)

The following positive evidence was received:

We were told about the arrangements in place to help ensure that there is an appropriate skill mix and sufficient numbers of staff on the ward during each shift. Rotas are drawn up six weeks in advance based on staff working preferences and staff absences, such as leave or sickness. If bank or agency staff are required, these are block booked wherever possible to aid continuity within the nursing team. The senior nurse manager is responsible for signing off each rota after checking to ensure each shift contains the right skill mix of staff and meets the requirements of the Nurse Staffing Levels (Wales) Act 2016². We were told staffing levels are monitored and discussed at daily management meetings and safety huddles to ensure the ward remains appropriately staffed.

When reviewing the evidence provided to us before the quality check we noted that staff sickness levels were currently low on the ward. We also noted that there were some staff vacancies. However, we saw that an action plan was in place to help fill the vacancies as well as implement measures to increase staff retention.

The senior sister described the opportunities available to staff to access relevant training. Staff are given protected time during their shifts to attend training and maintain their competencies. Training needs for staff are identified during Performance Appraisal and Development Reviews (PADRs). A training needs analysis exercise was also undertaken to identify the wider training needs of staff across the ward. We were told that some face to face training was stopped during the pandemic. An action plan was put in place to raise overall staff compliance on mandatory training. We noted that despite these challenges, the percentage completion rates for mandatory training as at May 2021 was high, at 90 percent.

² <https://www.legislation.gov.uk/anaw/2016/5/enacted>

We were told that other development opportunities have been made available to staff on the ward. Secondments have previously been offered and taken up by staff wishing to gain experience of working in other wards with different clinical skillsets. Healthcare support workers have also been offered roles as ‘champions’ to help with their progression; staff who volunteer are given the opportunity to develop new ways to improve patient safety, such as maintaining the oral hygiene of patients during their stay on the ward.

The senior sister told us that staff have felt anxious at times working during the pandemic. We were told that well-being sessions were offered to staff as a positive initiative to help support the well-being of staff members.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW’s website.

Improvement plan

Setting: Glangwili Hospital

Ward: Steffan Ward

Date of activity: 25 May 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must provide assurance to HIW of the lessons learnt from the investigations into the COVID-19 outbreaks that have occurred on the ward, and of the actions subsequently taken to ensure such outbreaks can be minimised in future.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Recognition of wider symptoms of Covid-19 to allow for early isolation and testing.</p> <ul style="list-style-type: none"> Regular inpatient Covid19 testing - all patients are tested on admission then every 5 days. Swabs are generated by the testing centre and delivered / collected daily to ensure accurate and timely testing. Lateral flow testing of staff. Timely closure of ward in suspected cases, taking into account new 	<p>Ward Senior Sister / Ward Sisters</p> <p>Ward Senior Sister</p> <p>Ward Senior</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>

		<p>symptoms of new variant. Example of early action taken on 17/06/2021 to close ward following symptomatic patients. All patients tested negative with reopening of ward 48hours from symptoms. Linked with IP&C.</p> <ul style="list-style-type: none"> Enhanced cleaning of the ward and all areas, including increased cleaning of all high touch areas. Ensure social distancing is adhered to by all staff especially for common areas such as rest areas. Audits completed by ward. Staff continue to follow uniform policy, regarding arriving/leaving in own clothes. Changing facilities available. Spot checks done by ward Sisters. IP&C guidance on PPE followed. PPE stock monitored daily. 	<p>Sister / Senior Nurse Manager / IP&C</p> <p>Ward Senior Sister / Hotel Services Supervisor</p> <p>Ward Senior Sister / Ward Sisters</p> <p>Ward Senior Sister / Ward Sisters</p> <p>Ward Senior Sister / Ward Sisters</p>	<p>Completed</p> <p>Completed with ongoing monitoring</p> <p>Completed with ongoing monitoring</p> <p>Completed with ongoing monitoring</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Lisa Harries Ward Senior Sister
Louisa Standeven Senior Nurse Manager

Date: 23 June 2021