

# **NHS Hospital Follow-up Inspection (Unannounced)**

Noah's Ark Children's Hospital:  
Cardiff and Vale University Health  
Board: Island Ward, Pelican  
Zone, Owl (Gwdihw) Ward and  
Paediatric Critical Care Unit  
(PCCU)

Inspection date: 12 and 13 June  
2017

Publication date: 14 September  
2017

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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 are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **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 Noah's Ark Children's Hospital within Cardiff and Vale University Health Board on 12 and 13 June 2017.

Our team, for the inspection comprised of two HIW Inspection Managers (one of whom led the inspection), two clinical peer reviewers and two lay reviewers.

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

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with the Health and Care Standards in all areas.

This is what we found the service did well:

- Parents told us that they were very happy with the care their child received from nursing, play staff, doctors and a variety of other health care professionals;
- Additional furniture and a TV had been added to the visitors' room within PCCU in direct response to what relatives had highlighted within a monthly patient experience survey;
- The six week induction available to new employees had resulted in very positive comments from staff in terms of the support they received from named mentors

This is what we recommend the service could improve:

Please refer to Appendix A of this report for details of all the improvements identified at this inspection, some of which are highlighted below:

- The availability of sufficient theatre time for surgical procedures;
- Aspects of medicines management;
- Recording of care within patients' notes

## 3. What we found

### Background of the service

HIW last inspected clinical areas within the Noah's Ark Children's Hospital on the 8 and 9 October 2015<sup>1</sup>.

During our 2015 inspection we identified a small number of service delivery matters which resulted in the issue of a HIW immediate assurance letter to the health board. The issues related to the following:

- There was a need for the health board to ensure that all patients/children had an identification wristband in place. This was in accordance with the principles of safe care and medicines administration, risk management and health and safety;
- Measures should have been in place to prevent serious harm where patients were found to have known allergies

The health board was therefore required to provide HIW with a completed immediate assurance plan with details of the action taken within a defined seven day period. The content of that plan provided HIW with assurance that appropriate action had been taken.

Other areas of service provision we identified for improvement (2015), related to the following:

- Aspects of patient information;
- Transition of patients from children's to adult services;
- The way which the health board encouraged patients to raise concerns/complaints;

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<sup>1</sup> [Noah's Ark Children's Hospital - Inspection Report October 2015](#)

- Aspects of the delivery of safe and effective care (for example, the need for patient confidentiality, record-keeping and some environmental issues);
- Availability of sufficient housekeeping staff;
- Some aspects of medicines management;
- Sufficient numbers of ward based staff;
- Support for new and established staff with regard to induction and training.

The purpose of this current inspection was therefore to follow-up on progress made by the health board regarding the above improvements identified at the 2015 HIW inspection.



## 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.*

Almost without exception, parents who spoke with us praised the care provided by all staff. They also provided us with very positive comments about the food options available to their child, the cleanliness of facilities and the support their child received from play staff

### What improvements we identified

Areas for improvement identified at our last inspection in 2015 included the following:

*Island Ward, Pelican Zone, Owl (Gwdihw) Ward*

- The health board was required to take action to ensure that the hospital site conformed to current Smoke Free Premises legislation
- The health board was required to ensure that staff always introduced themselves to patients and their families ahead of any discussions or clinical interventions

*Island Ward, Pelican Zone, Owl (Gwdihw) Ward and Paediatric Critical Care Unit (PCCU)*

- The transition of patients from children's to adult services needed to be more efficient and supported by good communication between relevant professionals and agencies
- The arrangements in place for managing patients' and relatives' concerns, needed to be made known and prominently displayed

### What actions the service said they would take

The service committed to take the following actions in their completed improvement plan (dated 17 December 2015):

- The health board told us that the children's services Directorate Management Team would ensure that the Smoke Free Premises legislation<sup>2</sup> was reinforced with staff, patients and visitors;
- The Children and Women's Clinical Board told us they would roll out the 'Hello my name is' initiative. The importance of staff always introducing to patients and their families ahead of any discussions or clinical interventions was also to be shared and re-enforced at Quality, Safety and Patient Experience meetings, ward safety briefings and form part of the induction programme for newly appointed staff

## **What we found on follow-up**

During our inspection we invited patients and/or their parents/guardians to complete a HIW questionnaire to provide us with their views and experiences of health care services provided at the hospital.

We received seven completed questionnaires from parents or guardians; the children concerned having been in hospital for periods between one and two days, to two weeks.

Without exception, the results from the questionnaires indicated that staff were always polite towards the children and their families. The majority of parents or guardians that completed a questionnaire also said that staff were kind and sensitive to their child when they carried out care and treatment.

One parent indicated that they could have been made more comfortable whilst staying at the hospital with their child. Positive comments about staff were also provided within questionnaires. For example:

*"I cannot rate the ward highly enough. This is our second stay in 4 months and the staff are amazing and they engage with my baby at every opportunity and are happy to give*

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<sup>2</sup> Smoke free premises legislation was introduced in Wales on 2 April 2007. The legislation banned smoking in most enclosed (or substantially enclosed) public places and aimed to address concerns about exposure to Environmental Tobacco Smoke (ETS). It was also hoped that the ban would increase the impetus of smokers to quit.

*cuddles to allow me to express milk when needed. They are very friendly and take the time to get to know you and your child"*

*"The care my son is receiving is amazing they always make my son feel comfortable"*

*"Play staff are brilliant"*

We held discussions with parents in each of the four clinical areas visited and were provided with so many positive comments about the kindness and respect of the nursing and play staff as well as doctors and other health care professionals. Parents also told us that staff were very attentive, explained aspects of care provision very well and that they took time to listen to what they had to say.

Most of the parents or guardians who completed a questionnaire said they were offered the option to communicate with staff in the language of their choice; all stating that their language needs had been met.

The results from HIW questionnaires offered positive feedback about the nutrition and hydration needs of children receiving care, with the exception of one respondent. All parents and guardians stated that their child had time to eat their meals at their own pace and indicated that staff helped their child to eat or drink if needed. However, one parent told us that "more access to feeding support or Speech and Language Therapists would be beneficial".

During our previous inspection, we found that there was a particular area within Island Ward where staff could smell smoke which compromised the health and safety of patients and staff. This was due to people smoking at the rear of the hospital. At this visit, staff confirmed that such instances were less frequent and smoke free wardens and senior staff continued to observe all areas of the hospital site to remind patients, relatives and visitors that the premises is a smoke free zone. A smoking cessation service and advice leaflets were also available to people and staff. All of the above meant that the health board was striving to be compliant with Smoke Free Premises legislation.

Following the 2015 inspection, the health board had indicated they would introduce an initiative called 'Hello, my name is...' to raise awareness among all staff, to the need for verbal introductions on their approach to children and their families. Whilst that initiative was not introduced as expected (due to the limited resources available), we were told that cots within the Neonatal Intensive Care Unit always contained the name of the nurse looking after each baby. In addition, we were informed that staff were regularly reminded of the need to

introduce themselves to children and their families. We saw signs at various points in the four clinical areas inspected, about this matter. We further heard staff informing patients and their parents of their name, prior to discussions. The above meant that the health board had made progress in relation to this aspect of service provision.

At this inspection, we spoke with ward sisters, senior nurses, a junior doctor and a senior doctor about transition of care. As a result, we found that parts of the children's services had well established and effective transition arrangements in place (for example for children with some long term conditions). We were also able to confirm the ongoing efforts being made by medical and nursing staff to improve the situation for children and their families in this regard. Additionally, we were informed that a Clinical Fellow<sup>3</sup> would be seeking to make progress with transition services from the autumn of this year. There remained however, many instances whereby patients with complex needs (who were over the age of 16) continued to experience fragmentation in their care and support at times when they required hospital in-patient care and treatment.

On visiting the four clinical areas we inspected we were informed that patients/relatives were encouraged to raise any concerns they had, with members of the ward team. We were further informed that new staff were made aware of the arrangements in place to respond to patients/relatives concerns. However, we saw that notices in respect of the NHS Wales arrangements for the handling and management of concerns, were either absent, or not prominently displayed in three of the four clinical areas visited. This meant that there may be occasions when patients and/or their families may not know how to report their concerns, or what to expect of the health board

## **Additional findings**

### **Timely care**

At this inspection, conversations with a parent and ward staff revealed details of an isolated instance whereby a child had needed to wait for seven days to go to

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<sup>3</sup> A clinical fellow is a medical doctor seeking postgraduate training in a specialty, or subspecialty discipline.

theatre for an invasive procedure (re-insertion of a long term vascular access device for feeding purposes). Whilst the required procedure had already taken place at the time of this inspection, we found that there were no formal, current National Confidential Enquiry into Peri-Operative Deaths (NCEPOD)<sup>4</sup> emergency theatre arrangements in place for children's services. In addition, we could not find evidence of dedicated vascular access services<sup>5</sup> available at the University Hospital for Wales (for adults or children).

### Improvement needed

The health board is required to inform HIW of the action taken/to be taken to ensure that children, who require emergency surgery/procedures, receive such care in a timely manner.

The health board is required to inform HIW of the action taken/to be taken to ensure that all patients receive vascular access in a timely manner.

### Individual care

#### People's rights

As indicated above (within pages 10 and 11 above), there remained many instances whereby patients with complex needs (and who were over the age of 16) continued to receive a degree of fragmentation in their care and support as hospital in-patients.

At this inspection, we were made aware that the planned facility to enable the parents of 30 patients to remain close to their children at Noah's Ark hospital, was complete, and due to be opened to families. It was hoped that the facility would provide parents with the extra support and comfort they may need.

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<sup>4</sup> NCEPOD relates to the provision of 24hour operating theatre time (and supporting standards) for emergency surgery.

<sup>5</sup> The Association of Anaesthetists of Great Britain & Ireland - [Safe vascular access 2016](#). p11. "Hospital's must organise and provide the following: Timely (within 1-3 days) insertion (and removal) of long-term CVCs in specialist locations (wards, theatres, radiology) via a dedicated service."

Discussions with PCCU staff revealed that a dining room table and chairs and a television had been added to the family room in direct response to comments made within a monthly patient experience survey. This responsive approach was commended by the inspection team.

#### Improvement needed

The health board is required to provide HIW with full details of how it will ensure the smooth transition of patients' care from child to adult services in the short, medium and longer term. This matter was identified for improvement at the previous HIW 2015 inspection; current transition services continuing to result in fragmented in-patient care for some children over the age of sixteen.

#### Listening and learning from feedback

We saw that notices in respect of the NHS Wales arrangements for the handling and management of concerns, were either absent, or not prominently displayed in three of the four clinical areas visited.

Conversations with ward sisters highlighted that patient/parent surveys were completed on a monthly basis. For that purpose, there were three types of questionnaires in use for three separate age groups of children (up to three years of age, age four to nine and 10 to 18 years). This was in acknowledgement of the different care and support needs of children. This was considered to be good practice.

#### Improvement needed

The health board is required to provide HIW with details of how it will ensure that patients, families and representatives who use services at the children's hospital, are made aware of the arrangements in place for managing concerns within NHS Wales. This issue was raised at our previous 2015 inspection and remains partially resolved.

## Delivery of safe and effective care

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

We were able to confirm that the health board continued to place an emphasis on the provision of safe and effective care.

Improvements had been made regarding the availability of policies and procedures to assist staff in their work, the protection of patients' confidential information and the entry/exit arrangements at Owl (Gwdihw) Ward, since our previous inspection. Maintenance work needed within the PCCU environment had also been completed.

However, improvements remained outstanding in relation to aspects of medicines management and the recording of care within patients' notes.

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Noah's Ark Children's Hospital*

- The health board needed to ensure that staff working in all clinical areas, were able to easily obtain current, relevant policy information and guidelines to assist them in their work.
- The health board was required to ensure that the whereabouts of confidential patient information is known to all medical and nursing professionals and other relevant staff at all times.
- The confidentiality of patients' information needed to be maintained within the Pelican Zone at all times. (This was particularly in relation to the position and design of the nurses' station).
- The entry and exit arrangements associated with Owl (Gwdihw) Ward needed to be made secure.

- Aspects of the environment within PCCU needed to be improved. Specifically, this was in relation to the heating system, water temperature and alarm bell system
- The health board was required to ensure that there were sufficient housekeeping hours available within Noah's Ark Hospital. This was to ensure that standards of cleanliness and hygiene were upheld in all areas of the hospital
- The health board was required to take action to address five areas of medicines management that required improvement
- At our previous inspection, we found that a number of aspects of record keeping needed to be improved to ensure the consistent delivery of safe and effective care

### **What actions the service said they would take**

The service committed to take the following actions in their completed improvement plan (dated 17 December 2015):

#### *Noah's Ark Children's Hospital*

- The health board informed us that staff would be encouraged to use the Cardiff and Vale intranet for accessing policies/protocols and guidelines
- The completed improvement plan stated that medical staff had been reminded that medical notes for inpatients may only be removed from clinical areas in exceptional circumstances
- Privacy screens were to be applied to computers. The health board also informed us that medical notes would not be left unattended in clinical areas
- The health board told us that the entry and exit arrangements within Owl (Gwdihw) Ward had been improved to ensure that patients and staff remained safe
- The improvement plan stated that the water temperature within PCCU had been altered and the heating repaired. However, improvements to the emergency button/alert had not been completely resolved



- The completed health board improvement plan indicated that the availability of cleaning hours would be very closely monitored via the Clinical Board
- The five aspects of medicines management identified for improvement were to be monitored via spot audits completed by the Ward Sisters/Senior Nurses
- The health board stated that it would reinforce the importance of record keeping standards to all health care professionals

## **What we found on follow-up**

### *Noah's Ark Children's Hospital.*

Conversations with ward managers and other staff demonstrated that they had ready access to all relevant health board policies and procedures, via the Cardiff and Vale UHB intranet; computers being available to staff in resource rooms and other ward locations. This assisted them to provide care and support to patients on a day to day basis.

Ward sisters told us that there had been very few occasions when medical staff had removed patients' records from the clinical areas without prior agreement. We were also informed that Owl Ward had ordered additional lockable cabinets to store the large amount of patient information handled in that area. However, we saw a small number of patient records unattended at the reception desk within Island Ward.

We found that privacy screens had been attached to computers which made it impossible to see the information on the screen unless a 'read on' position was adopted. This meant that information could not be seen from side positions, or by people passing by. We did observe that one privacy screen had been removed from one computer within Island Ward. However; there was no patient information on display at that time. This was though, brought to the attention of the ward manager.

Staff made clear that the inspection team was to enter and leave Island Ward by designated points in order to promote agreed security arrangements. We also found that exit and entry arrangements at Owl Ward had improved since our last inspection. This was largely due to the employment of a ward receptionist, who checked the purpose and identity of all visitors before being allowed entry. However, at the time of this inspection, one receptionist was being shared between Pelican and Island Wards respectively which left

reception desks unattended. This matter was raised with senior managers who told us that this situation was to be resolved in the near future.

We were able to confirm that the heating system had been repaired within PCCU and staff stated that the clinical area was now more comfortable for patients. We were also told that the water temperature had been adjusted following our previous inspection. However, when the emergency button was pressed at a bedside, the locator panel still failed to correctly match the bed unit where staff attention was required. This matter therefore still needed to be addressed.

Conversations with housekeeping staff, demonstrated that no additional housekeeping hours had been allocated to ward areas. However, staff were now required to work in specific areas which assisted in understanding what was required of them; a small number of 'float' staff being deployed to work across the hospital when needed. We were further told that a rapid response cleaning team were diverted to clean areas, as and when required. We found a high standard of cleanliness in each of the four clinical areas inspected and staff were seen to be wearing personal protective clothing appropriately and washing their hands following the delivery of care and support to patients. This meant that attention was being paid to the prevention of cross contamination.

Consideration of the arrangements in place concerning medicines management revealed that all patients had identification bands to reduce error during administration of medicines. We also saw alert signs on display at times when patients were identified as having allergies and fridge temperatures were no longer being recorded within the Controlled Drugs book within Island Ward. Conversations with ward teams indicated that medicines management across clinical areas was audited once each year. However, we found that a number of issues for improvement highlighted at our previous inspection remained unresolved since our last inspection (2015).

## **Additional findings**

### **Safe care**

#### **Managing risk and promoting health and safety**

The emergency locator panel within PCCU still failed to correctly match the bed unit where staff attention was required.

### Improvement needed

The health board is required to provide HIW with details of the further action taken/to be taken to ensure that the emergency locator panel within PCCU clearly identifies which bed unit staff are required to divert to, as and when required.

### Infection prevention and control

Aprons and some other personal protective equipment (PPE) items were being stored on chairs in the corridor of Island Ward. As a result, such items could fall to the floor and become contaminated, or create a trip hazard.

We saw that the fridge in the relatives' room (Island Ward) was very full of food and also contained opened baby food. In addition, the baby food was labelled with the full details of the children concerned which compromised patient confidentiality. We therefore brought that issue to the attention of the ward team.

We asked what arrangements were in place for cleaning the fridge and for ensuring that 'out of date' food was discarded. As a result, it was evident that there were no agreed/defined arrangements in place. This meant that there was a risk of patients and/or relatives consuming food that was no longer fit for consumption.

### Improvement needed

The health board is required to inform HIW of the action taken to ensure the appropriate storage of PPE within Island Ward and any other clinical areas within the children's hospital.

The health board is required to inform HIW of the action taken to ensure that required food safety guidelines are followed in terms of the cleaning, temperature control and content of the fridge located in the Island Ward relatives' room.

### Medicines management

During this visit, we found that little improvement had been made to aspects of medicines management that had been identified for attention at our 2015 inspection. The issues remained as follows:

- Daily fridge temperatures were not recorded consistently (Island Ward);
- One of two patient medication charts looked at within Island Ward showed gaps where there should have been signatures to demonstrate that skin cream was being applied as prescribed. No relevant codes were being used to explain such gaps;
- The medication room within Island Ward was found to be unlocked (at 12.10pm). This meant that the area could have been accessed by unauthorised persons;
- The fridge was unlocked and the daily temperature was still being recorded within the Controlled Drugs book within Owl (Gwdihw) Ward;
- The prescription for intravenous fluids within one patients' chart had not been signed by a doctor; with doctors' initials only being present for other prescribed items where there should have been the printed doctor's name (Owl (Gwdihw) Ward);
- Oxygen was not being recorded as a prescription drug on patients' medication administration records (MARs) in three of the four areas inspected (PCCU being exempt from doing this as other means of recording was in use);
- Some prescriber's signatures were illegible on MARs within three of the clinical areas;
- We found that in instances where staff were undertaking daily stock checks/audits of controlled drugs, they were still not making a separate entry to record their checking procedure on individual drug pages. Rather, they were making one summarised entry in the CD book to indicate that all drugs had been checked. This remained a contravention of the health board's policy

We saw that a number of oxygen cylinders were secured via wall brackets within Island Ward. However, there was a further three free-standing small oxygen cylinders in the same area. We therefore advised a member of the ward team of the need to arrange for the spare cylinders to be stored safely. This was to prevent accidental injury to patients, their families, or staff.

### Improvement needed

The health board is required to inform HIW of the action taken to address all aspects of medicines management highlighted for improvement at our previous, and this current, inspection.

The health board is required to inform HIW of the action taken to secure the spare oxygen cylinders within Island Ward. This is, in order to prevent accidental injury to patients, their families, or staff.

### Effective care

#### Safe and clinically effective care

On reviewing a sample of patients' records at this inspection, we saw that pain assessment documentation was not always completed. This meant that we were unable to determine whether the effectiveness of prescribed medication was being monitored or evaluated.

### Improvement needed

The health board is advised of the need to describe how it will ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded. This is in order to provide patients with effective and appropriate treatment/medication.

### Record keeping

At this visit, we were provided with a copy of a patient documentation audit that had been completed on two of the wards on the 13 and 16 February 2017 respectively. Neither of the audits was accompanied by an action plan. This meant that we could not confirm whether any action had been taken following the audit.

We considered the content of seven records across the four clinical areas inspected and found that little improvement had been made since our 2015 inspection. (Please note there were no previous concerns with patient documentation within PCCU). Specifically, we found the following:

- Some aspects of patients' notes in PCCU were very detailed and helpful to staff in providing care. However, we saw that daily patient and assessment booklets/ documentation were not always completed (for example, elements of patients' personal details and completion of recognised paediatric risk assessment and pain assessment documentation), in all four clinical areas;
- Insufficient recording of location of skin condition/wounds together with management of such conditions;
- We found that nurses were signing their recorded entries within daily plans, but were not printing their name or designation or dating entries as required

We did see however, that there were some clear plans of care in place, within Island, Pelican and Owl Wards respectively. In addition, discussions with staff about patient care and observation of what was in place, demonstrated that necessary steps had been taken to ensure overall, that patients' needs were being met.

We were told that a group of professional staff had been convened since our last inspection and had been given the task of streamlining and standardising the format and content of patient documents to be used in children's services in the future. This was in order to promote good record keeping which would assist ward teams to identify and record patients' needs and respond to their wishes and preferences. However, it was evident that patient records were currently not maintained in accordance with legislation and clinical standards guidance at this inspection.

#### Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that best practice is applied in terms of record keeping. This is in order to support staff in the delivery of services to patients. This aspect of service provision was identified for improvement during our 2015 inspection.

## 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 strong leadership in each of the four clinical areas visited. Staff also told us that they felt supported in the workplace.

We were able to confirm that the health board's ongoing pro-active recruitment campaign had resulted in securing 45 new members of staff who would begin their employment from September 2017.

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Noah's Ark Children's Hospital*

- The health board was required to describe how it would ensure that there were sufficient staff available in all wards within the Children's Hospital to meet patients' needs at all times
- The health board was required to describe how it would ensure that bed management arrangements were revised so that senior nurses and ward sisters were enabled to lead, manage and support staff teams to maintain a positive ethos and outcomes for children. Health & Care Standards
- The health board was required to describe the action to be taken to ensure that newly recruited and established members of ward teams were provided with support from practice development practitioners. Health & Care Standards

### What actions the service said they would take

The service committed to take specific actions in their completed improvement plan (17 December 2015):

*Noah's Ark Children's Hospital*

- The health board stated that it would continue to actively recruit more staff from all parts of the UK and overseas. We were also made aware of the arrangements in place to constantly review staffing levels
- The health board told us they had recruited a person as a 'Patient Flow'<sup>6</sup> manager. This was in order to release ward sisters to fulfil the core professional duties of their role
- The health board stated that Practice Educators supported Neonatology/Paediatric Intensive Care and Oncology services at the children's hospital; trained mentors being available to other staff. They also stated that newly recruited nurses had a tailored induction programme and a period of supernumerary status

## **What we found on follow-up**

*Noah's Ark Children's Hospital*

We found that challenges remained in relation to ensuring sufficient staff numbers within PCCU. This was due to a combination of three existing nurse vacancies in addition to maternity leave. We also found that some staff secured to work within PCCU from the nurse bank were not always reliable and staff employed to work at the unit, were, at times, moved to other areas of the hospital to provide additional support. We therefore explored this matter and were informed by senior nurses that patients were not admitted to PCCU unless they were certain that there was a sufficient number of registered nurses present. We were also informed that at times when demand for PCCU services increased, staff (with relevant skills) were deployed to the unit, from other ward areas to support the substantive team.

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<sup>6</sup> In healthcare, the term 'patient flow' generally refers to the movement of patients between staff, wards and departments along a pathway of care.



Further discussions with ward sisters and senior nurses revealed that 45 newly qualified staff would be starting work at Noah's Ark Children's Hospital from September 2017. In addition, the number of student nurses in each ward area was to increase from 7 to 10. We were also informed that the trial of a new All-Wales patient acuity<sup>7</sup> tool (to assist with determining staffing levels and skill mix), was underway within -Island Ward. Six months of the trial had already been completed; a full review of those arrangements to take place within a twelve month period.

We were able to confirm that there was very good delegation of duties from the ward sister of Island Ward to their deputy. This was, with the intention of supporting them to take on a more senior role in the future. Each of the four clinical areas inspected, were calm and well organised in terms of the delivery of patient care, and the ward environment. Conversations with staff also revealed that all members of the ward teams worked very well together.

We attended a daily meeting (on the first day of inspection) where discussions were held about the flow of patients throughout the children's hospital. As a result, we were able to confirm that there was very good co-operation between ward sisters and senior nurses to bring about patients' discharge from hospital and the safe transfer of patients from one clinical area to another (if needed). Discussions about the role of patient flow co-ordinator highlighted that this was working very well and assisted ward sisters and senior nurses to support direct patient care. Given the importance and time consuming nature of the patient flow co-ordinator role though, we were told that consideration may be given to creating the role of deputy. This was to ensure continuity of this form of support to all clinical areas.

Conversations with a ward sister revealed that-Pelican, Island, and Jungle wards respectively, now benefitted from an allocated Practice Educator. This new development was regarded as a very positive and much needed improvement in terms of building staff skills and confidence. In addition, a student nurse who spoke with us stated that they had a named mentor and felt well supported in their work.

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<sup>7</sup> Patient acuity can be defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to patients' needs, and not according to raw patient numbers.

Discussions with senior nurses described the nature and length of staff induction within ward areas (six weeks in total). This relatively new approach, had been subject to some evaluation to date; new staff offering extremely positive comments on the level of support they had received. This approach was commended by HIW as it was designed to retain staff now, and in the future.

Conversations with the PCCU ward sister resulted in very positive comments about the support staff received from Practice Education staff. We were also told that sufficient time was allocated for staff to complete on-line training to support them in their work.

## **Additional findings**

### **Governance, leadership and accountability**

We were provided with details of a 'wellbeing' initiative that had been established within PCCU since our 2015 inspection. Specifically, a group of staff had been trained as wellbeing 'champions' to make up a team that supported others working at the unit. This had resulted in very positive feedback from staff who were able to approach any of the wellbeing champions at times when they felt they needed additional support in the workplace. The wellbeing team also had access and support from a clinical psychologist. We were also told that this initiative could be rolled out across children's services due to its success.

Discussions with ward sisters and senior nurses revealed that a business case had been prepared to gain agreement (from the Executive team), to use a two bed area within PCCU to provide post-operative care to patients who undergo certain types of spinal surgery. This was because some patients have their planned surgery cancelled due to the lack of beds within Owl (Gwdihw) Ward. The service was commended for their approach to this aspect of patient care and treatment.

### **Staff and resources**

#### **Workforce**

We spoke with staff working within Pelican Ward and were told that when additional staff were needed to support patients with complex needs, additional Health Care Support Workers were secured from the established nurse bank. We were informed however; that there had been recent occasions when the staff provided did not have a relevant understanding or experience of children's

services. This resulted in permanent ward staff having to undertake additional duties during their shift to ensure that patients' needs were being met.

#### Improvement needed

The health board is required to inform HIW of the action taken to ensure that healthcare support workers supplied to children's wards have relevant and current skills in the care of children.

## 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, measureable, 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 identified during this inspection.			

## Appendix B – Immediate improvement plan

**Service:**                      **Insert name**

**Date of inspection:**        **Insert date**

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
No immediate assurance issues were identified during this inspection				

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 :**    **Cath Heath**

**Job role:** **Director of Nursing Children and Women’s Clinical Board**

**Date:** **16<sup>th</sup> July 2017**

## Appendix C – Improvement plan

**Service:** Noah's Ark Children's Hospital

**Date of inspection:** 12 and 13 June 2017

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
<b>Quality of the patient experience</b>				
The health board is required to inform HIW of the action taken/to be taken to ensure that children, who require emergency surgery/procedures, receive such care in a timely manner.	5.1 Timely access	<p>The Acute Health Directorate has established a dedicated “Line” list to ensure all children have vascular access such as long lines etc. in a timely manner.</p> <p>A CEPOD list is currently operating twice weekly in children’s theatres situated in the Children’s Hospital for Wales. A Senior Manager attached to the Acute Child Health Directorate is currently investigating options for extending this further.</p>	<p>HOD Acute Child Health</p> <p>Clinical Board /Directorate Management Team</p>	<p>Completed</p> <p>Review September 2017</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to provide HIW with full details of how it will ensure the smooth transition of patients' care from child to adult services in the short, medium and longer term. This matter was identified for improvement at the previous HIW 2015 inspection; current transition services continuing to provide fragmented in-patient care to some children over the age of sixteen.</p>	<p>6.2 Peoples rights</p>	<p>In the short term a weekly operational MDT meeting is being held to discuss any individual patients who are having difficulties with transitional services within the children's hospital. The acute directorate are engaging with the consultant clinical leads for each speciality via a monthly clinical leads meeting in order to discuss good practice and any barriers to effective patient transition.</p> <p>In the medium term all clinical leads are being given access to data warehouse and will be working with a senior manager attached to the directorate in order to scope the need for transitional services within the children's hospital.</p> <p>Longer term plans will be informed by the outcome of a service improvement project with multi disciplinary engagement to include representation from Clinical Board through the UHB LIPS programme (Leading Improvement in Patient Safety). This will concentrate</p>	<p>Clinical Board Director of Nursing and Director of Operations</p>	<p>Review March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		on transition pathways and detail clear outcomes. This will commence in September 2017.		Presentation on project plan to be delivered in December 2017.
The health board is required to provide HIW with details of how it will ensure that patients, families and representatives who use services at the children's hospital, are made aware of the arrangements in place for managing concerns within NHS Wales. This issue was raised at our previous 2015 inspection and remains unresolved.	6.3 Listening and Learning from feedback	<p>Ensure each clinical area has the same 'Putting Things Right' poster displayed and access to leaflets sign posting how to escalate a concern.</p> <p>All ward sisters and senior nurse/ lead nurses to ensure this is sustained and patient experience information is obtained across all four quadrants of the framework to ensure positive patient experience - this will start immediately.</p> <p>To continue to gather and act upon feedback through age appropriate</p>	<p>Senior Nurses/Ward Sisters of all areas</p> <p>Senior Nurses/Ward Sisters of all areas</p> <p>Senior</p>	<p>Completed</p> <p>Completed and is embedded as part of routine practice</p> <p>Completed and is</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>patient satisfaction questionnaires.</p> <p>Recent peer observations of care have been positive will all aspects of care scrutinised. This has included speaking to patients and their parents. Further peer observations of care audits due during the first three months of 2018.</p>	<p>Nurses/Ward Sisters of all areas</p> <p>Senior Nurses/Ward Sisters of all areas</p>	<p>embedded</p> <p>April 2018</p>
<b>Delivery of safe and effective care</b>				
<p>The health board is required to provide HIW with details of the further action taken/to be taken to ensure that the emergency locator panel within PCCU clearly identifies which bed unit staff are required to divert to, as and when required.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>Immediate action – conversion chart on main indicator board</p> <p>Medium term – realign the numbers to match call bell system.</p>	<p>PCCU Ward Sister</p> <p>Clinical Service Lead for the Childrens Hospital for Wales</p>	<p>Completed</p> <p>Oct 17</p>
<p>The health board is required to inform HIW of the action taken to ensure the appropriate storage of PPE within Island Ward and any</p>	<p>2.4 Infection Prevention and Control (IPC)</p>	<p>To expedite maintenance request to ensure work completed with all PPE in holders outside cubicles.</p>	<p>Ward Sister</p>	<p>PPE holders in place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>other clinical areas within the children's hospital.</p> <p>The health board is required to inform HIW of the action taken to ensure that required food safety guidelines are followed in terms of the cleaning, temperature control and content of the fridge located in the Island Ward relatives' room.</p>	<p>and Decontamination</p>	<p>Once a week clean all fridge's and daily temperature recorded by HCSW. Laminated Sheet on individual patient fridges outlining responsibilities for cleaning and checking. No further use of identification labels.</p> <p>Information regarding standards to be maintained will also be discussed with parents at the point of a child's admission and information leaflet to be developed and then shared across the children's hospital.</p>	<p>Ward Sister</p> <p>Ward Sisters</p>	<p>Completed</p> <p>Completed</p> <p>October 17</p>
<p>The health board is required to inform HIW of the action taken to address all aspects of medicines management highlighted for improvement at our previous, and this current, inspection.</p>	<p>2.6 Medicines Management</p>	<p>In line with the UHB policy for The Ordering, Storage, Disposal and safe Prescribing and Administration of Controlled Drugs in Secondary Care Policy (2016) the Appendix sheet 1 will</p>	<p>Lead Nurse/ Senior Nurses/Ward Sisters</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>now be used to record ward controlled drugs at least once daily.</p> <p>The UHB has developed a Medicines Code for Health Professionals which amalgamates policies and guidelines into one document. This has been approved at Corporate Nursing and Midwifery Board and is currently being launched and will be cascaded to all clinical areas. The code clearly sets out roles and responsibilities and will have achievable revalidation dates.</p> <p>The code provides clear guideline for standards to be achieved. This document will be discussed at every Newly Qualified Registrants induction and launched to all through workshops and seminars and compliance will be monitored through PADR.</p> <p>Ensure all fridges are lockable and are locked. Temperature recording book in</p>	<p>Ward Sisters</p> <p>Ward Sisters/Senior Nurses</p> <p>Ward Sisters</p>	<p>Completed</p> <p>Completed-induction will take place in August 2017. Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>place on Island ward and Gwdihw wards.</p> <p>Continue to assess the security and storage of medicines as part of the internal observations of care visits. All findings to be reported to Clinical Board Directors of Nursing</p> <p>All staff reminded through twice daily safety briefings to ensure door to medicines room on Island closed.</p> <p>To undertake peer audits in all areas to ensure high standards of medicine management practice is embedded in the first instance on a weekly basis for 2 months then monthly with clinical board pharmacist for 6 months. Action plans will be developed to address any areas of improvement.</p> <p>The issue of illegible signatures to be</p>	<p>Deputy Executive Director of Nursing</p> <p>Lead/Senior Nurses/Directorate/Clinical Board Pharmacist</p> <p>Directorate Management Team</p> <p>Directorate</p>	<p>In place.</p> <p>Completed</p> <p>October 17</p> <p>October 17</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>discussed with Clinical Director, investigations underway to ascertain if name stamps for all staff would be achievable and sustainable. In the interim all staff reminded of the need to write legible signatures through inductions/safety briefings.</p> <p>Nursing staff have been reminded through twice daily safety briefing that they should not administer Medications if the prescriber cannot be easily identified.</p> <p>With regard to the prescription of oxygen a letter was developed and sent to all Consultant and Nursing Colleagues. A campaign was established to target this which was led by our specialist Paediatric Respiratory team. Posters have been developed and displayed and spot checks of drug charts will take place to ensure oxygen is prescribed.</p>	<p>Management Team</p> <p>Ward Sister</p> <p>Lead/Senior Nurses/Lead Consultants/Ward Sisters</p>	<p>Completed</p> <p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is required to inform HIW of the action taken to secure the spare oxygen cylinders within Island Ward. This is, in order to prevent accidental injury to patients, their families, or staff.</p>		<p><b>HEALTH BOARD</b></p> <p>Continuation of process which ensures all new medical staff undertake:</p> <ul style="list-style-type: none"> <li>E learning drug chart module which then allows access to MTED system (Medicine Transcribing and Electronic Discharge )</li> </ul>	Chief Pharmacist	Completed and embedded
		<p>All medical staff have Good Prescribing Guide app placed on mobile devices at induction and is also available on “desktops”</p>	Chief Pharmacist	Completed and embedded
		<p>All Clinical Boards are strengthening medicines related audits (i.e. &gt;95% achievement of prescribing and administration standards.)</p>	Chief Pharmacist	March 2018
		<p>Medication KPIs, based on monthly audit within Clinical Boards will continue to form part of Clinical Board performance reviews</p>	Executive Nurse Director	March 2018



Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>National prescribing and medicines-related performance indicator reports used to inform improvement actions Work is underway to ensure Medicines storage, security and destruction compliant with UHB standards</p>	Chief Pharmacist	<p>Embedded as part of routine practice</p>
		<p>A task and finish group has been developed to strengthen the support for non-medical prescribers and agreement of UHB strategy.</p>	Chief Pharmacist	March 2018
		<p>The UHB are actively engaged with the pan Wales plans to refresh and reinforce the Medicines Administration Recording Review and Storage (MARRS) work being led by Welsh Government. As recommendations arise from the group actions will be taken within the UHB.</p>	Chief Pharmacist	March 2018
		<p>An E learning tool developed under the auspices of All Wales MARRS group will be implemented when available</p>	Chief Pharmacist	<p>December 2018</p> <p>Embedded</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Band 5 novice nursing staff to continue to attend Medicine Management workshop on appointment.</p> <p>All registered nurses are required to complete an Intravenous administration of drugs training day which includes competence assessment</p> <p>Empty cylinders have been collected, and staff on the ward reminded to ensure empty cylinders are collected and moved to a safe place.</p> <p>A Health Board wide audit has been undertaken regarding oxygen cylinders with actions being taken to appropriately rationalise</p>	<p>Senior Nurse Education</p> <p>Senior Nurse Education</p> <p>Ward Sisters</p> <p>Chief Pharmacist</p>	<p>and in place</p> <p>Completed and embedded</p> <p>Completed</p> <p>March 2018</p>
The health board is advised of the need to describe how it will ensure that patients' level of discomfort, pain or distress is regularly	3.1 Safe and Clinically Effective care	The Child Health Directorate team is participating in the evaluation and development of documentation this will	Ward Sisters	Dec 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>assessed and recorded. This is in order to provide patients with effective and appropriate treatment/medication.</p>		<p>pain assessment tools to address</p> <ul style="list-style-type: none"> <li>Standards of Nursing evaluation and documentation in general.</li> </ul> <p>Pain assessment tools to be reviewed with pain team to ensure their effectiveness. Audit documentation of effectiveness of any intervention e.g. distraction, analgesia etc.</p> <p>Documentation audits will be undertaken monthly until the required standard is achieved consistently</p>	<p>Ward Sisters</p> <p>Ward Sisters</p>	<p>Monthly audits in the first instance</p> <p>Review December 2018</p>
<p>The health board is required to provide HIW with details of the action taken to ensure that best practice is applied in terms of record keeping. This is in order to support staff in the delivery of services to patients. This aspect of service provision was identified for improvement during our 2015 inspection.</p>	<p>3.5 Record keeping</p>	<p>Ongoing development of documentation team to address –</p> <ul style="list-style-type: none"> <li>Nursing evaluation</li> <li>Assessment tools</li> <li>Invite representatives of legal department to delivery sessions on the importance of good record keeping for all staff.</li> <li>Highlight with staff the NMC</li> </ul>	<p>Ward Sisters</p>	<p>Dec 17</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		standards for record keeping. <ul style="list-style-type: none"> <li>Audit of documentation to ensure standards are being upheld.</li> </ul>		
<b>Quality of management and leadership</b>				
The health board is required to inform HIW of the action taken to ensure that healthcare support workers supplied to children's' wards have relevant and current skills in the care of children.	7.1 Workforce	The NACHfW will be adapting the UHB Core Skills and Knowledge Framework for HCSWs ensuring that the elements that are relevant to children will be included for training.  Discussions to be held with the senior nurse responsible for temporary staffing to ensure that any further HCSWs deployed to the Children's Hospital have the skills required to care for children. Consideration of developing a minimum standards required to share with nurse bank?	Lead/Senior Nurses  Lead/Senior Nurses	Sept 17  Immediate October 2017

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): Cath Heath**

**Job role: Director of Nursing Children and Women's Clinical Board**

**Date: 20<sup>th</sup> July 2017**