

Quality Check Summary

Cyril Evans ward, Morriston Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cyril Evans ward, Morriston Hospital as part of its programme of assurance work.

HIW's quality checks form part of a new tiered 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 capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to ward management on the 9th September 2020 who provided us with information and evidence about their setting. 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?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

Cyril Evans is a ward within cardiac services in Morriston Hospital that provides planned surgical elective procedures for patients. However, at the time of the Quality Check cardiac services had temporarily revised the purpose of the ward due to the increased pressures on the service due to the COVID-19 pandemic.

This has resulted in a blended model of service delivery that included the Dan Danino ward. Planned elective procedures were still provided on part of the Cyril Evans ward and also the Dan Danino ward. The Dan Danino ward was used as a green zone for patients that had been screened as COVID-19 negative in preparation for procedures.

This temporarily remodelling allowed the Cyril Evans Ward to be used to provide unscheduled (emergency) care for both cardiology and cardiothoracic patients during the pandemic.

The following positive evidence was received:

We considered how the ward functions have changed since the start of the pandemic and what impact this has had on staff and patients.

The blended ward environment had required some ward staff to be redeployed into other clinical areas, such as cardiac intensive care. We were told that this had been difficult for some staff due to the change in patient acuity, additional PPE requirements and change in team structures. However, we were told that staff had embraced this change with enthusiasm and we noted that ward management were proud of the adaptability demonstrated by staff.

We confirmed that staff had received basic training from the relevant clinical educator before being redeployed to ensure their familiarity with procedures and the new ward environments. We were told that staff were also provided with an induction sheet to complete on their first shift to further support the transition.

We found that unscheduled admissions on the ward were managed with the support of a cardiac flow coordinator, who works closely with the emergency department in managing bed capacity and demands.

Due to the change in patient needs and acuity, we considered how the ward staff were supported in accessing medical cover and advice. We were told that provision had been made for this when changes to the ward environment had taken place. Also, ward staff were confident in seeking medical advice and could obtain it when required.

We were told that COVID-19 had resulted in some procedures and follow-up procedures being delayed, for example angiograms and echocardiograms. However, we found that virtual clinics and multi-disciplinary team meetings had continued, with patients admitted on an ad-hoc basis when required. We also found that other procedures had continued, albeit on a reduced basis during COVID-19. It is important that the health board monitors the waiting times for these procedures to assess the impact of the delays.

We found that all patients undergoing planned elective procedures were required to self-isolate, undergo screening questions, and receive a negative COVID-19 test result prior to admission on to the ward. Surgical patients were also required to undergo a CT scan¹ as an additional screening method prior to their procedure.

We found that ward teams had been split to accommodate each speciality and that

¹ A computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.

facilities, such as staff rooms, toilets and kitchen areas, had further been adapted to allow for segregation between screened patients, ward teams and unscreened emergency patients transferred from the emergency department.

Individual cubicles were also available to isolate patients if required. We were told how the ward effectively manages and prioritises cubicles based on risk and clinical need, including working closely with other cardiac units within the hospital when required. We found that a daily review of patients is undertaken to ensure their suitability to their allotted ward environment.

We found that standard patient visiting arrangements to the ward had been suspended during the pandemic. However, a process for visiting had been introduced in line with the latest guidelines, for example patients on an end of life pathway or with dementia.

We were told that tablets were provided for patients who were unable to receive face-to-face visitors due to the suspended visiting arrangements, and that staff had taken the time to maintain contact with relatives regularly by telephone.

We found that individual risk assessments for COVID-19 had been carried out for staff. Where a high risk was identified, we were told that staff would be supported to move to a different clinical environment, such as the screened green zone, or a non-clinical environment.

We were told that a small number of staff had been absent from work due to COVID-19 related sickness. However, a return to work interview is conducted for all staff to discuss if the sickness could have been related to any workplace issues.

We were told that there were no known incidents where any of the patients had contracted COVID-19 as an inpatient on the ward.

We were told that one of the challenges for staff during the pandemic was the use of full personal protective equipment (PPE) in a new ward environment. We saw evidence to demonstrate that all staff had been face fit tested². However, where it was necessary to source alternative PPE, we were told that staff would be asked to work in a different clinical or non-clinical area until appropriately fitted PPE could be obtained.

The ward had sufficient stocks of PPE and we found that regular training in how to don and doff PPE had been provided by a full-time member of staff on the ward in order for staff to know how to safely apply, remove and dispose of PPE.

We found that cleaning had been enhanced on the ward. We were told that more domestic staff had been rostered to work on the ward, with arrangements in place to ensure strict segregation between the ward areas. Staff had also been asked to clean high frequency touch points on the ward to further minimise the risk of transmission.

We found that the ward operates at high capacity due to high-acuity patients and a high patient flow turnover. This has been compounded by the effects of COVID-19 and changes to the ward environment.

² Fit testing is a means of checking that a respirator face piece matches a person's facial features and seals adequately to their face.

However, we were told that safe staffing had been maintained at all times and that the temporary rostering of an additional nurse on each shift during the height of the pandemic has helped the ward team to further support patient needs.

The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses.

No areas for improvement were identified.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting 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 setting has a range of audits scheduled throughout the year, which include audits on patient safety and pressure and tissue damage. We reviewed a sample of these and found that overall positive scores had been achieved. We were told that where incidents had occurred, these would be reviewed at weekly quality and safety meetings where issues would be highlighted to the senior matron.

We found that a number of patient assessments, such as falls risks assessments, are undertaken upon admission to the ward. This helps to provide care and treatment according to needs, as well as ensuring patient safety. We were told that adaptations to the environment had been made due to the age and frailty of some patients on the ward, including use of non-slip flooring in the main corridor, use of sensor mats to detect falls and use of colouring books for patients suffering from dementia as a further falls prevention mechanism. We also found that incidents related to falls had been investigated with learning applied at both a ward and health board level.

We found that both mixed sex and single sex bays were in use on the ward. We were told that utilisation of bays would depend upon patient acuity and that single bays would be prioritised accordingly. However, we found that single sex toilets were not available due to space issues on the ward. The health board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible.

No areas for improvement were identified.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We found a recently updated procedure for infection prevention and control (IPC) was in place. We were told that the ward manager is responsible for the dissemination and implementation of IPC procedures, and that ward staff are informed of the latest IPC information at various daily patient handover meetings and through a staff newsletter. This also includes daily hospital-wide telephone calls with all matrons, with IPC representation on the call.

We were also told that during the COVID-19 pandemic ward IPC audits have been supplemented by additional audits, which are undertaken by the local IPC group who are staff not based on the ward.

We reviewed a sample of recent IPC audits that had been undertaken on the ward, and found that these audits scored positively in a number of areas.

We were told that there were facilities on the ward to isolate patients with COVID-19 where required and that isolation risk assessments were carried out. This includes identifying the level of risk of transmission and ensuring staff use the correct PPE.

Non-COVID-19 related infection rates on the ward appeared to be appropriately managed. We were told that infection incidents are reviewed at a multi-disciplinary team meeting and any learning is shared with ward staff.

No areas for improvement were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

We found that suitable procedures existed for ensuring that staffing levels are appropriate and are increased when required, for example an increase in acuity on the ward or staff absence. We were told that patient needs and acuity is assessed on a daily basis and is

referred to the matron where there are additional ad-hoc staffing requirements.

We found arrangements were in place for ensuring that there is an appropriate skill mix on the ward. The ward manager had implemented a RAG (red, amber, green) system to ensure that there was a balance between senior and junior nursing staff, for example green indicating experienced staff who regularly coordinate shifts and have experience in caring for the patient group, with red indicating a newly qualified or new member to the team. We considered this to be noteworthy practice.

We found that overall sickness on the ward appeared to be low and that support from occupational health was available, if required.

We were provided with mandatory training statistics and found a generally high rate of compliance in all areas.

No areas for improvement were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- 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 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.