Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

T4 Neurosurgical HDU, University Hospital of Wales

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of T4 (Neurosurgical High Dependency Unit), University Hospital of Wales 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 the Interim Ward Manager and Interim Lead Nurse (Critical Care) on 30 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).

Prior to the start of the pandemic, the ward provided level two neurosurgical high dependency care. This care included treatment of patients with neurological injuries who did not require ventilation. Patients requiring ventilation were instead transferred into critical

care to receive level three care (ventilation). However, at the start of the first peak of the pandemic, the ward was reconfigured to enable staff to provide level three care ahead of the anticipated increased demand due to patients requiring ventilation. The ward has since reverted back to providing level two care to patients for the time being.

Referrals into the ward include elective admissions through an amber pathway[1]. This also includes tertiary referrals and deteriorating patients from hospitals elsewhere within Wales. All patients admitted through this pathway are swabbed for COVID-19 and MRSA[2]. There is also a green referral pathway into the ward for deteriorating patients or urgent cases from within the University Hospital of Wales.

T4 has bed capacity for 18 patients, including three individual cubicles. However, we noted that throughout the pandemic cubicles capacity had been prioritised for pre and post-operative cardiac patients due to isolation requirements.

The following positive evidence was received:

We were told that there had been a significant multi-disciplinary team approach to preparing the ward to provide level three care, including ward management, intensive care staff and senior consultants to ensure the clinical suitability of the ward environment.

Staff told us that there are been close working with other specialities, such as critical care and cardiac services, to ensure that any bespoke environmental and clinical requirements could be safely accommodated. We were told this was subject to regular dynamic risk assessments and oversight from the health and safety department. Staff told us that senior management were visible and that they felt supported during the course of these changes.

We were told that staff had received appropriate upskilling and training in support of providing level three care to patients. This included 1:1 nurse-led training, with oversight from the ward management to ensure that competencies were met.

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.

We found that individual risk assessments for COVID-19 had been carried out for staff. However, we were told that a number of staff had been on sick leave due to COVID-19 issues. We were told that any members of staff who were identified as high risk would be supported to move into a different clinical environment or non-clinical environment.

We found that regular Personal Protective Equipment (PPE) risk assessments were undertaken. Ward management confirmed that they had sufficient stocks of PPE and that regular training in how to don and doff PPE was made available for all staff. We were told

[1] This means that patients are not confirmed as COVID-19 negative prior to admission.
[2] Methicillin-resistant staphylococcus aureus, commonly known as MRSA, is a form of contagious bacterial infection.

that staff had been face fit tested[3], and staff would not be asked to work in high risk clinical areas if alternative PPE needed to be sourced.

The ward management told us that they were very proud of all staff in their approach to the pandemic. However, we were told that some staff are experiencing fatigue due to additional pressures as a result of the pandemic. The heath board is therefore advised to continue to maintain existing and explore further support options for its staff.

No improvements 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 ward has a range of audits and risk assessments scheduled throughout the year, which included falls audits and ward specific risk assessments on fire access, patient monitors and alarms. We reviewed the most recent falls audit and found the results were positive.

We saw that the ward uses a safety cross system[4] to record certain infection rates and pressure damage, both of which recorded no incidents for the sample period that we reviewed. We were told that incidents are robustly reviewed for example via a root cause analysis for pressure damage incidents, and any learning is shared by the ward manager with the wider team.

We were told that all patient bays are spacious with individual curtains, which promotes patient dignity. We also noted that a quiet room was available for patients and their relatives to have private conversations with staff when required.

The following areas for improvement were identified:

We noted that there had been a number of water leaks on the ward, which have been a longstanding issue despite repair works having taken place. This resulted in the bed capacity on the ward being temporarily reduced. Due to the health and safety and infection control hazard that this poses, the health board must ensure that timely and effective action is taken to resolve this issue.

[3] Fit testing is a means of checking that a respirator face piece matches a person's facial features and seals adequately to their face.
[4] A safety cross calendar records the number of occurrences of a particular incident to inform staff and patients how many days have gone by without a new incident occurring.

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 that the ward followed the latest public health guidelines for the management of infection prevention and control (IPC) arrangements during the pandemic. We were told that the ward manager is responsible for the dissemination and implementation of IPC procedures, and that staff are informed of any changes at shift change safety briefings and through a private staff message group.

We were told that currently all patients are swabbed for MRSA when they are admitted onto the ward. Patients admitted from outside of Wales are subject to additional screening. Where a positive result is received, barrier nursing within the bay or isolation nursing care within a cubicle is provided. The ward has three cubicles on the ward which can be used for isolation purposes, with COVID-19 positive patients transferred onto a COVID ward or critical care dependent upon patient acuity.

We were told that all patients' conditions are reviewed at least daily by a multi-disciplinary team, which includes identifying early signs of sepsis. We found that the ward used the recommended Sepsis 6[5] pathway, as well as Sepsis Star[6] which complements the existing sepsis pathway. Ward management spoke highly of the Critical Care Outreach Team who support nursing and medical staff in caring for acutely unwell patients.

We saw evidence to confirm that regular hand hygiene and bare below the elbow audits are undertaken, and that these are recorded on safety crosses for staff and patient awareness. We noted positive scores in the sample of audits that we reviewed. We also found that weekly ward cleaning audits are undertaken with housekeeping and ward staff, and the results were positive.

The following areas for improvement were identified:

We were told that there are IPC nurse advisors linked to the directorate who should undertake checks on the ward on an annual or biannual basis. However, we found that a comprehensive IPC audit was last undertaken in September 2019. Due to the changes in IPC requirements and changes that have been put into place as a result of the pandemic, we would advise the health board to schedule an updated comprehensive IPC audit.

[5] Sepsis 6 is a care bundle designed to be delivered within the first one hour of the initial sepsis diagnosis to enable the best chance of recovery.
[6] Sepsis Star is a health board procedure implemented to support the sepsis care pathway.

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 suitable procedures were in place to ensure that staffing levels are appropriate and are increased when required, for example due to an increase in acuity on the ward or staff absence. We were told that individual patient needs and acuity is assessed on at least a daily basis, and is referred to the senior nurse in charge when additional staff are required to meet patient needs. We also saw the recently updated escalation and de-escalation procedure for managing unscheduled care demand on the service.

Staff told us how they ensure that there is an appropriate skill mix on the ward. For example, through the upskilling of nursing staff to provide care for higher acuity patients during the pandemic and the use of temporary staffing when there is a staffing shortfall.

We were told that there is currently a degree of reliance on temporary agency and bank staff, which is partly due to increased staff absence due to the pandemic. However, the successful recruitment of five new nursing staff should help reduce the dependency on temporary staff.

We found evidence of short and long term sickness on the ward. However, we were told that appropriate support is provided through regular phone call check-ins from the ward management and occupational health support when required.

We were provided with mandatory training statistics and found a high rate of compliance in all areas. We also noted that additional training, such as restraint techniques, had been provided to all neurosurgical nursing staff to further support staff and patient safety.

No improvements 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.

Improvement plan

Service: T4 (Neurosurgical HDU), University Hospital of Wales

Date of activity: 30 September 2020

The table below includes improvements identified during the Tier 1 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	We noted that there had been a number of water leaks on the ward, which have been a longstanding issue despite repair works having taken place. This resulted in the bed capacity on the ward being temporarily reduced. Due to the health and safety and infection control hazard that this poses, the health board must ensure that timely and effective action is taken to resolve this issue.	Standard 2.1	As noted the leaks on T4 have been a long standing issue due to the infrastructure of the building which is compounded as a result of inappropriate items being placed in the drainage system from the ward above. When the issues arise they are always dealt with promptly with patient safety our foremost consideration. The Estates Team are prompt to respond and realise the implications of closed bed spaces, the areas are appropriately cleaned as soon as possible. The		

			Clinical Board is also made aware. The ward manager for the ward above has been informed, and will reiterate to staff and patients regarding not placing inappropriate items in the drainage system. This situation has been escalated to Estates Manager who is working on a long term solution to this problem.	 Ward manager Estates Manager	 Immediate Review January 2021
2	We were told that there are IPC nurse advisors linked to the directorate who should undertake checks on the ward on an annual or biannual basis. However, we found that a comprehensive IPC audit was last undertaken in September 2019. Due to the changes in IPC requirements and changes that have been put into place as a result of the pandemic, we would advise the health board to schedule an updated comprehensive IPC audit.	Standard 2.1 / 2.4	In response to the COVID pandemic, the IP&C team and have had to re-prioritise their workload to manage the COVID pandemic. This has resulted in a delay in some IP&C ward inspections. The IP&C team have been accessible during this time to address any issues that have been raised. A discussion has taken place with the IP&C Lead for T4, the inspections schedule has been updated, and the T4 inspection is scheduled to be undertaken in November 2020. In addition the Annual Quality Inspections are also focusing on Infection Prevention and Control as a short term measure to ensure compliance with the COVID-19 measures implemented. All wards will have been visited by the end	 IP&C lead for T4 Senior Nurse for Standards and Regulation	 November 2020 October 2020

			of October. Wards with identified issues will be followed up to ensure actions and improvements have been made		
			The Health Board is also investing in 'The Perfect Ward' app. The app will make quality inspections more efficient and standardise mandatory ward audits across the health board. This will allow monitoring at a glance of compliance with patient safety and quality inspections and audits, it will also be a mechanism for recognising and sharing good practice and service improvement initiatives. It is anticipated that roll out will commence in January 2021 and be completed within 6 months	The Perfect Ward Leads/ Senior Nurse for Standards and Regulation	May 2021

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: Bev Oughton Interim Lead Nurse Critical Care

Date: 19th October 2020.