

# Quality Check Summary

## Owl Ward, Noah's Ark Children's Hospital for Wales

Activity date: 12 May 2021

Publication date: 16 June 2021



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: [hiw@gov.wales](mailto:hiw@gov.wales)

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Owl Ward at Noah's Ark Children's Hospital for Wales as part of its programme of assurance work. The children's hospital is based on the site of the University Hospital of Wales in Cardiff. Owl Ward has nine beds for day surgery cases, and 28 beds for acute inpatient surgical care.

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

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

We spoke to the ward sister and senior nurse on 12 May 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

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

## Environment

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

The key documents we reviewed included:

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

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

### **The following positive evidence was received:**

The ward sister described the changes made to the environment of the ward to help safely separate and manage patients since the onset of COVID-19. Children attending for planned surgery were placed into a separate area of the ward from children attending for emergency surgery. This was because children admitted to the ward for emergency surgery had not always been able to isolate, or have their COVID-19 status confirmed, before arrival. We were told that the theatres at the children's hospital only undertook surgery on those that had tested negative for COVID-19. Children requiring emergency surgery that had tested positive for COVID-19 were transferred to the theatres at the main University Hospital of Wales.

We were told that all areas of the ward were large enough to allow for safe social distancing between beds. Areas of the ward, such as play rooms and waiting areas, have been closed during the pandemic to minimise the risk of cross-infection. Instead, toys have been taken to children to play with in their beds. Measures have also been implemented to help protect staff; meeting rooms have been turned into extra staff rooms to allow for staff to take breaks safely, and face to face training was stopped and replaced by online training.

In line with Welsh Government guidelines, visiting restrictions were put in place during the pandemic. Only one parent has been allowed on the ward to be with their child, and have not been allowed to stay overnight. If children remain on the ward for longer than three days, parents have been allowed to alternate, to ensure both can spend time separately with their child. Visitors have been checked for symptoms of COVID-19 before entering the ward. We were told that children have been provided with iPads by the hospital to stay in contact with their families and friends remotely.

We discussed the arrangements in place to ensure that patients' dignity is maintained at all times. Each bed has privacy curtains and separate treatment rooms are available for personal care. Rooms are available for staff to talk privately to children and their parents if required. Older children are placed in cubicles with en-suite facilities where possible to help protect

---

their dignity and privacy. We were told of a recent positive initiative where pyjama sets and velcro suits were purchased by the Noah's Ark Children's Hospital charity for children on the ward. The suits ensure that only the area of the body that the surgeon requires access to is exposed.

We were provided with data on the number of healthcare acquired pressure ulcers. We saw that the number of such incidents was low, with only three occurring over the past twelve months on the ward.

**The following areas for improvement were identified:**

We were told that regular environmental audits are undertaken on the ward by the health board's health and safety team. However, we were provided with a copy of a 'health and safety workplace inspection checklist' and saw that it had been last completed on the ward in July 2019. While the checklist was comprehensive, we were not assured that they were being undertaken frequently enough to identify any issues in a timely manner. We raised this with staff, who confirmed that it had not been carried out in 2020 due to the pandemic. Following the quality check we received evidence that a new checklist had subsequently been carried out by ward staff. The ward sister also confirmed that they would arrange for the health and safety team to undertake their own audit on the ward as soon as practicable.

## Infection prevention and control

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

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits

**The following positive evidence was received:**

The ward sister described the measures in place to help reduce the risk of transmission of COVID-19 throughout the ward. Children scheduled for planned surgery were required to have a COVID-19 test 72 hours before their surgery, and then self-isolate with family members prior to admission. There were 11 cubicles available on the ward to safely isolate and barrier nurse any patients identified as COVID-19 positive. Daily meetings with staff were held to monitor the COVID-19 status of patients, review Personal Protective Equipment (PPE) requirements and provide reminders about the importance of social distancing throughout the ward. We were told that no outbreaks of COVID-19 or other infections have occurred on

---

the ward during the pandemic.

We were provided with mandatory training statistics for staff and saw that compliance with IPC training was high across all staff members working on the ward. The ward sister told us about the PPE arrangements on the ward. Staff have viewed videos on how to correctly put on and take off PPE safely to reduce the risk of infection. Posters have also been displayed across the ward to show what levels of PPE should be worn. All staff have been fit tested for FFP3<sup>1</sup> masks to wear when caring for children with suspected, or confirmed, COVID-19. Checks of PPE supplies are undertaken twice a week to ensure the ward has sufficient stocks.

We were told that staff have electronic access to a range of IPC guidance produced by the health board. National IPC guidance, such as information produced by the National Institute for Health and Care Excellence was also available. Links to the latest COVID-19 advice and guidance issued by the Welsh Government and Public Health Wales were available on the staff intranet. We were told that daily updates on COVID-19 have also been circulated via email to ensure staff are kept up to date.

The ward sister described the procedures in place to ensure IPC standards are maintained on the ward. Handwashing facilities and hand sanitiser were available at the entrance and throughout the ward. Posters have also been displayed by the sinks to remind staff and promote good hand washing techniques. All staff are required to adhere to the 'bare below the elbow'<sup>2</sup> policy, which is displayed on entry to the ward. We saw that monthly hand hygiene audits have been undertaken to monitor staff compliance.

We saw that a COVID-19 checklist had been undertaken on the ward in December 2020. This checked for compliance on the ward in areas such as PPE, hand hygiene and cleanliness of the ward. We were told that the ward has recently been selected to take part in a trial that aims to give more control to senior staff at the ward in relation to undertaking audit activities. The ward sister explained that they have been given iPads by the health board, and have implemented fortnightly IPC audits to be undertaken on the ward. We welcomed this as a positive initiative to help monitor compliance and identify improvements.

**The following areas for improvement were identified:**

We reviewed the monthly hand hygiene audits that have been undertaken on the ward. We saw, positively, that over the last 12 months the ward mostly achieved 100 per cent compliance. However, we noted that in all cases where issues were identified, it was due to doctors wearing watches in the clinical areas. We recommend the health board reminds doctors of their responsibility to adhere to the bare below the elbow policy when seeing

---

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

<sup>2</sup> Best practice is for staff involved in direct patient care to be bare below the elbow, this includes wearing short sleeved clothing, not wearing jewellery (with the exception of a plain wedding band), wrist watches, nail polish or false nails.

---

patients on the ward.

## Governance / Staffing

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

The key documents we reviewed included:

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

### **The following positive evidence was received:**

We were told about the arrangements in place to help ensure that there is an appropriate skill mix and sufficient numbers of staff on the ward during each shift. ‘Rosterpro’ is used as an electronic tool to organise staff rotas based on staff working preferences and staff absences, such as leave or sickness. Each rota is checked by senior staff to ensure there is the right skill mix of staff per shift. Potential bed management issues, and levels of care required for patients, are assessed daily. Staffing levels are adapted to reflect busier periods, or to care for patients with higher needs. We were told about the preparations being undertaken by senior staff to meet the requirements of the Nurse Staffing Levels (Wales) Act 2016<sup>3</sup>, which will apply to the ward from October 2021 onwards. An exercise was undertaken to review staffing levels using the Health Education and Improvement Wales (HEIW) triangulation process<sup>4</sup>. We were told the exercise did not identify any potential issues, and that the ward was currently fully staffed.

The ward sister described the opportunities available to staff to access relevant training. Staff are given protected time during their shifts to attend training and maintain their competencies. A practice educator works full time on the ward to identify and address the learning needs of staff. Staff are able to work in different areas of the children’s hospital such as the neonatal intensive care unit (NICU) to further develop their knowledge and skill set. We were told that some face to face training was stopped during the pandemic. We noted that despite these challenges, the percentage completion rates for mandatory training as at end of March 2021 was relatively high at 83 per cent.

We were told that new starters receive a formal induction to the ward. This includes a period

---

<sup>3</sup> <https://www.legislation.gov.uk/anaw/2016/5/enacted>

<sup>4</sup> <https://heiw.nhs.wales/programmes/all-wales-nurse-staffing-programme/the-triangulated-approach/>

---

of six weeks supernumerary<sup>5</sup> time to become familiar with the ward and learn and practice skills safely. New starters are allocated a buddy, who can answer any questions they may have, and are allocated a more senior member of staff as a mentor to provide support and supervision.

The ward sister told us about the measures put in place to provide staff with additional support during the pandemic. These include access to the health board's occupational health and counselling services, as well as support provided by the hospital charity. We were told that staff on the ward have also been very good at providing mutual support for each other.

We saw that the majority of staff had undertaken mandatory training in Equality, Diversity and Human Rights, to help embed an equality and rights based approach across the service. The ward sister spoke about the importance of speaking with children and their families to recognise and understand their needs to help provide the right level of support. This has been more challenging during the restrictions on visiting, and we were told that assessments are made to ensure decisions are made that are in the best interests of the child.

**The following areas for improvement were identified:**

We saw that the percentage completion rates for Performance Appraisal and Development Reviews (PADRs) for all staff on the ward as at the end of March 2021 was 66 per cent. PADRs are important for staff to discuss objectives and identify learning opportunities and areas for improvement. The health board must ensure any outstanding PADRs are completed with staff as a matter of priority.

---

---

<sup>5</sup> During this time, staff are not counted as part of the staffing required for safe and effective care on the ward.



# What next?

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

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

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

- Ensure that the areas for improvements are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

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

# Improvement plan

Setting: Noah's Ark Children's Hospital for Wales

Date of activity: 12 May 2021

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

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

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	The health board must remind doctors of their responsibility to adhere to the bare below the elbow policy when seeing patients on the ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	E-mail sent out by Executive Medical Director to all medical staff to remind them of their responsibilities to be bare below the elbows whilst in the clinical area of the ward. Ward staff have been empowered to challenge if noncompliance.  Undertake audit of compliance	Executive Medical Director  Ward Manager	Completed May 2021  July 2021
2	The health board must ensure any outstanding PADRs are completed with staff as a matter of priority.	7.1 Workforce	Staff requiring a PADR have been identified and have been given appointments to complete within the next 3 months. They have also been contacted individually and encouraged to complete at an earlier date if they are able to.	Ward Manager	September 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: Tina Freeman, Ward Manager

Date: 07 June 2021