

Quality Check Summary

Teenage Cancer Trust Unit, University
Hospital of Wales

Activity date: 31 March 2021

Publication date: 5 May 2021



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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Teenage Cancer Trust Unit, University Hospital of Wales, as part of its programme of assurance work. The Teenage Cancer Trust Unit (TCTU) is the principle treatment centre for cancer patients aged between 14 and 25 from across South and Mid Wales area. The Unit has eight inpatient beds and also provides day and ambulatory care services.

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 are a snapshot of the standards of care within healthcare settings. 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 inspections can be found [here](#).

We spoke to the senior nurse and deputy ward manager on Wednesday 31 March 2021, 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?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. 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:

We were told that only minimal changes were needed to the environment in response to COVID-19.

We were told that the unit is set out over two floors. The inpatient area, located on the first floor comprises of two, three bedded bays (one male and one female), each with a bathroom attached. Patient dignity is promoted through single sex bathrooms and fully closing curtains around each bed. There are two cubicles, both with en-suite facilities. The cubicles enable the isolation of patients should the need arise.

The day unit area, located on the second floor, has three chairs for use by patients, each chair is separated by a curtain in order to maintain dignity. However, only two chairs are used at one time at present to ensure that social distancing is maintained. The day unit also has a designated room where clinical procedures take place. There is one disabled access bathroom available for all day care patients.

We were told that the unit normally treats patients between the ages of 14 and 25, depending on maturity and patient wishes. Since the start of the pandemic, the age range has been increased to between 16 and 29. This is to support bed pressures within the main hospital. Care is taken to ensure that patients at either end of this age range are cared for with patients of a similar age. Patients aged 16 or 17 years of age are risk assessed on admission to determine which area is best suited to provide care for them. Patients under 16 years are admitted to the Children's Hospital for Wales (CHfW), located close to the unit, for treatment, with support from the unit's Youth Support Co-ordinator. We were told that there have been no delays in treatment as a result of the pandemic or these changes.

The unit has its own Wi-Fi as well as access to the health board Wi-Fi. This is seen as important for the younger patient group. A television is available within each bed space. The second floor offers additional designated social area for patients which includes larger TVs, video games and pool tables etc. We were told that, since the pandemic, the social area has been restricted for use by day care patients only within day time hours. However, out of hours, the inpatients are able to use this space, whilst ensuring social distancing at all times. All equipment within this area is thoroughly cleaned after use.

We were told that patients are encouraged to keep in touch with family and friends. This has

predominantly been done by virtual means during the pandemic. All patients have access to an electronic tablet to support the maintenance of contact with family and friends. Most of the patients will have their own mobile phones to communicate with friends and relatives. A landline telephone can be provided if required.

We were told that the Youth Support Co-ordinator provides group based activities to help the young people on the unit engage and interact. However, since the pandemic, activities have provided on a one to one basis. This has taken place both virtually and face to face. Therapeutic distraction therapy is provided through Beads of Courage UK¹, arts and crafts, music, or by just having a chat.

We were also told that patients are supported by CLIC Sargent² social workers, who visit patients on the unit. Patients can also access chaplaincy support if they wish. Patients have access to psychology services. However, we were told that there is a vacancy within the Teenage and Young Adult Psychology provision which has impacted on the availability of the service for patients aged between 16 and 17 years in particular.

We were told that, as the patient population group are young and usually mobile, there have been no incidents of pressure area/tissue damage to date. All patients are assessed for the risk of developing tissue damage on a weekly basis using recognised assessment tools.

We were told that there has been one recorded fall sustained by a patient this year. All patients are assessed for the risk of falls on a weekly basis using recognised assessment tools. We were told that no safeguarding referrals have been made, and that all patients under 18 years of age have a risk assessment in place which is shared with the health board's safeguarding lead.

No improvements 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. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

We were told that the unit cares for an immunocompromised³ patients and that, consequently, stringent infection control measures are always in place. These measures have been enhanced during the pandemic, with a focus on maintaining a clutter free environment

¹ <https://beadsofcourageuk.org/>

² <https://www.clicsargent.org.uk/>

³ Immunocompromised is a broad term which means that the immune system is weaker than expected and not functioning properly.

to aid cleaning and further reduce the risk of cross infection. A safety briefing is held each morning where any infection prevention and control (IPC) issues are discussed.

We were provided with copies of the policies and procedures in place for IPC, together with a copy of the health board's COVID-19 Prevention and Response Plan. We were told that the health board does not have a specific policy for COVID-19, due to the guidelines being frequently revised. However, a dedicated page has been set up on the health board's intranet for staff to access specific and current COVID-19 advice and guidance. Staff are also directed, through the links, to the Welsh Government and Public Health Wales website. Daily COVID-19 updates are also shared with staff via email from the Chief Executive and on the clinical portal/intranet.

We were told that IPC and COVID-19 specific training has been provided to all staff.

We were told that the unit has an infection control link nurse who undertakes weekly hand washing and commode cleaning audits.

We were told that there was a formal admissions pathway in place with patients being admitted onto a designated ward outside of the unit for COVID-19 screening before being admitted onto the unit following a negative COVID-19 test, and may require additional, on-going screening as per the local risk assessment.

We were told that, should any patients be diagnosed with an infection whilst on the unit, then a root cause analysis⁴ exercise would be undertaken to ensure learning. This process would be reviewed at the monthly departmental Health Care Acquired infection (HCAI) meeting, and escalated to the Clinical Board.

We were told that sepsis⁵ was one of most common medical emergencies seen on the unit. In order to manage the risk of sepsis, nurse led initiatives have been implemented, including nurse led initial sepsis management pathway and use of patient group directive for intravenous antibiotics and fluid management.

We were told that there clear signage is displayed at the welcome area to the unit, in the lift and throughout the unit relating to general principles of infection control, for example, hand washing and correct use of PPE.

We were told that comprehensive cleaning schedules have been implemented and cleaning

⁴ Root Cause Analysis is a technique that helps people answer the question of why the problem occurred in the first place. It seeks to identify the origin of a problem using a specific set of steps, with associated tools, to find the primary cause of the problem, so that you can determine what happened, why it happened and figure out what to do to reduce the likelihood that it will happen again.

⁵ Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

equipment is readily available to the house keeping team. In addition, extra hygiene equipment has been placed around the unit, specifically around potential high contact points, for example, disinfectant wipes are available by all phones and computers that are used by multiple staff and additional alcohol gel is available at the PPE stations at the ward entrance.

We were told that patients are provided with masks when they leave their bed space, for example to attend appointments in other parts of the hospital. All equipment is cleaned following patient contact.

We were told that, early on in the pandemic, consideration was given to the potentially, psychologically damaging impact of not allowing visitors on the unit may have on the younger patient group. Although no visitors are allowed on the day care unit, visiting was re-introduced for inpatients over the age of 18, with the exception of those receiving a stem cell/ bone marrow transplant, in line with the CHfW policy, providing that the default position should be:

- No visit unless significant impact to inpatient
- A nominated individual from their household will be agreed with the patient - this person will be the only person to visit the patient, unless divorce where both parents may attend separately if unable to decide which parent should attend
- Reduced visiting hours will be introduced to enable staff and visitors to socially distance
- The nominated visitor will be required to continue with social isolation and maintain social distancing (on and off the unit)
- The nominated visitor will be contacted via telephone by the unit prior to attending to complete a screening questionnaire prior to attendance
- The visitor will be provided with a face mask to wear when attending the unit, and will maintain strict handwashing
- The visitor will not be permitted to mix in the social area with other visitors or patients
- All inpatients are COVID-19 screened prior to elective admission and will be asked to sign declaration form on attendance to unit specifying any symptoms/travel.

We were told that any deviation from the above, in exceptional circumstances, would be discussed with the senior nurse.

We were told that no COVID-19 positive cases have been reported since the introduction of inpatient visiting.

The unit has two staff offices and one staff break room. If more than one member of staff is in an office space at the same time, then all staff would be expected to wear respiratory masks. Staff breaks are scheduled, thus allowing a maximum of two staff at any time point in the staff room to ensure social distancing.

The deputy ward manager confirmed that there were no issues in securing PPE and that stocks were checked on a daily basis.

No improvements 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 were told that the current nursing establishment on the inpatient ward allows for three qualified members of staff on duty during the day and two qualified members of staff on duty at night, with one health care support worker allocated additionally each shift. The day unit area has two qualified members of staff on duty from Monday to Friday. In addition, there is also a Band six/seven co-ordinator available from Monday to Friday and a Band seven Nurse Practitioner. The unit is also supported by a staff grade doctor from Monday to Friday.

We were told that during the pandemic, some difficulties have been encountered in maintaining the staffing establishment due to short term sickness, supporting winter pressure in other areas, and staff having to shield. At times, daytime nursing number were reduced to a minimum of two qualified members of staff, whilst night time levels have remained the same. We were re-assured that the reduced number of qualified nursing staff remained within the requirements of the Nurse Staffing Levels Wales Act 2016. In addition the day unit team may support the inpatient area, reducing the day unit staff number as clinically appropriate, or with support from the Band six/seven unit co-ordinator, usually the ward sister. If this minimum staffing number cannot be provided from the unit staff, suitably experienced staff will be provided from within the Haematology Directorate. Bank or agency staff are not routinely used on the unit. If this was required, the bank or agency staff would be brought in to work on one of the haematology wards freeing up a ward nurse to help out on the unit.

We were told that patient acuity is reported on a daily basis using the health board's assessment tool.

We were told that all new staff receive formal induction. Newly qualified staff undergo a

⁶ <https://www.legislation.gov.uk/anaw/2016/5/enacted>

period of preceptorship⁷ and are allocated a more senior member of staff as a mentor and are provided with up to four weeks supernumerary time to become familiar with the unit. All staff work with Band six/seven nurses and the practice educator, in order to be taught and assessed on local practices. Core competencies for the area are approved for Band five and six nurses. The new member of staff will meet with their mentor every month to discuss learning needs and progress.

We were told that monthly, virtual team meetings take place so that staff are kept up to date with changes and to share information or any concerns with senior management. Attendance at these meetings was said to have been good.

We were told that there are currently there are no staff vacancies. However, five staff on maternity leave, two staff have been seconded to support winter pressures in other areas and one staff member is on long term sick leave.

The deputy ward manager told us that staff Performance, Appraisal and Development Reviews (PADR), are undertaken on a regular basis. We were provided with training statistics which show high compliance rate for mandatory training.

The deputy ward manager also told us that measures have been set in place to provide staff with additional support during the pandemic. These include access to the health board's Occupational Health services, use of the lounge in the hospital social club to have time away from the clinical area and written information signposting staff to other services and agencies that can offer support. The Youth Co-ordinator is also able to provide staff with a level of psychological support and formal counselling services are also available. The deputy ward manager also told us that team members are also very good at providing mutual support for each other.

The deputy ward manager and lead nurse were clear about the escalation and reporting process within the health board and told us that the health board's Chief Executive is updated daily on any emerging issues within the unit.

The ward manager stated that she is well supported by senior managers within the directorate and the lead nurse who is visible on the ward on a daily basis. Weekly meetings are also held with other ward managers and senior nurses which provide a further opportunity for discussion and support.

No improvements were identified.

⁷ The [Nursing and Midwifery Council](#) (NMC) defines a preceptorship as 'a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further'.

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

Setting: University Hospital of Wales

Service: Teenage Cancer Trust

Date of activity: 31 March 2021

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
	No Improvements Needed				

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:

Date: