DE MORGANNWG | SOUTH GLAMORGAN

CHC Announced Visit Report

University Hospital of Wales Ward B1

28 June 2022

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Your Community Health Council

Community Health Councils (CHCs) are the independent watchdog of NHS services within Wales, and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families, and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the "Public & Patient Voice" within Cardiff and Vale of Glamorgan.

Visit Overview

Three Members and two officers of the CHC visited Ward B1, at the University Hospital of Wales on Tuesday 28 June 2022.

The purpose of the visit was to follow up the recommendations of the CHC's November 2018 visit, and to seek the views and experiences of patients, currently receiving care on the ward and those of their carers, relatives, and friends.

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- The Ward Manger; and
- Staff on duty at the time of the visit.

Briefing Information

Management Arrangements

The Ward is a part of the Specialist Clinical Board and sits within the Cardiothoracic Directorate. The ward is managed by a Ward Manger

Introduction

The Ward provides both acute cardiology services for residents of Cardiff and the Vale of Glamorgan and tertiary services for Southeast Wales. Patients are admitted with acute/complex cardiac conditions through emergency admissions, and directly from cardiology outpatients, physiology, home and other health boards

Capacity

The ward has 37 beds comprising 33 ward beds and four treat and release (T&R) beds. The Ward has an ability to add an additional bed space at times of exceptional bed pressures. The Ward is currently working at full capacity due to delays in the patient pathway caused by providing care packages for home discharge and patients in isolation.

The ward experiences occasional delays in repatriating patients back to their health boards mainly due local capacity demand. Repatriation has been helped by a cardiac network agreement to repatriate fit Percutaneous Coronary Intervention (PCI) patients within four hours. This arrangement generally works well

Staffing

The Ward's staffing levels are:

- Monday to Friday days, seven registered nurses, and three health care support workers (HCSW);

- Monday to Friday nights, four registered nurses, and two HCSW;
- Weekends days, six registered nurses, and two HCSW;
- Weekends nights, four registered nurses, and two HCSW.

The Ward's medical cover is a minimum of two junior doctors, an on-call Cardiology registrar and an on-call Cardiology consultant.

The Ward is currently running with six nursing vacancies and has been at this level for some time. This situation is being alleviated using agency staff, clinical board staff deployment and the recent success in recruiting new staff.

While the Ward has previously welcomed volunteers their use has been suspended due to pandemic management arrangements.

Opening/Operating Arrangements

The Ward is open 24 hours and visiting is currently restricted to an appointment basis. The current arrangements allow two visitors per day for a specific time slot between 14.00 – 16.00 and 18.00 – 20.00. this is dependent on the number of Covid 19 patients on the ward.

Environmental Improvements

There are no outstanding urgent works. Recently the visitors room which is currently used as a staff room has been improved and wall art has been purchased to improve the environment. Plans are being developed to improve staff changing facilities.

Patient Engagement

The visiting team were able to speak to around 23 patients and six relatives. The visiting team were sensitive to the fact that some patients were reluctant to speak to us as they had a limited one hour visiting time, to spend time with their family. Therefore, some patients and relative views were not obtained.

The majority said they felt the ward and its staff were very good, spending sufficient time to keep them informed of what was happening with their care and responding to their needs. A lot of patients commented on how quiet and relaxed the ward environment was. This contrasted with the staff view that the ward was very busy and had the potential to be upsetting for some patients.

Most patients felt the food quality and drink availability on the ward was generally good. There was a difference of opinion between patients in the north and south corridor bays. Some male patients in the south raised more concerns about food quality, portion size and felt there needed to be more salads, fruit, and brown bread. While we found no obvious reason for this difference it is worth the ward looking at serving rotation arrangements to ensure this is not contributing to quality issues.

One visitor who's relative did not speak English, thought the ward and medical staff had involved the family well. This ensured their relative was fully involved with all care and treatment decisions. The family had made special arrangements to bring in Halal meals as those provided by the Health Board were too spicy and not their normal choice. Currently, there are no facilities to reheat meals on the ward which relatives can find difficult if they are travelling any distance which is not uncommon for tertiary patients.

Another patient who was on a high fibre diet said that their dietary needs were not being met. They were concerned the effect this was having on their health. Staff reported that meeting some dietary needs could be challenging and this was affected by the availability of some dietary supplements which is a national problem.

Nearly all patients were disappointed to find there were no TV/entertainment facilities at their bedside, on the ward or a day/TV room which made days very long. In some cases, patients felt the boredom and the need for a change of scenery made them feel low, particularly those on a longer stay. We were also informed that during the pandemic and to minimise cross infection that the patient's TV room had been converted to a staff room. Currently, there are no plans to change this arrangement.

The visiting team were told that there were no longer any quiet rooms to talk to relatives or deal with bereavement. On the visit day, one patient had passed away and another patient who had become friendly with them needed a quiet room. The ward staff had temporarily closed the staff room and used this room for bereavement support. While this showed how staff sensitively managed distressing situations, the lack of dedicated facilities makes this much more difficult for patients and staff.

One patient with challenging mobility issues and needs who uses a purpose-built motorised wheelchair raised a long-standing problem with accessing the toilets, shower and washing facilities. Manoeuvring through the small passageways and doorway and turning into the shower was too tight and there were no facilities to transfer from their wheelchair or hoist into the shower area.

The small partial wet room had little room for a hoist or nurse. The facility needed attention as there was black mould on the

shower curtain, around the joint between flooring and wall, the sealant around the toilet and sink and there was some sealant missing. as well. The patient found this difficult to cope with and said that while staff are good, they did feel that they are not used to caring for disabilities or understand their needs and the impact this had. An example of this was the call bell often falls off bed and the patient could not reach it.

The patient has been admitted to the ward several times over the last few years and had raised the issue as a formal complaint and with the CHC. The patient had received assurances that the problem would be resolved. It was disappointing to find that it had not been resolved.

One relative raised a concern with discharge arrangements, their relative had been receiving a care package prior to admission and the local authority had finished the existing arrangement. The relative on meeting with the social worker had been told the same care package was needed again and this would take 18 days to put in place. The patient was concerned they were now occupying a bed that someone else needed. The relative was concerned that they would now be transferred around health board wards and hospitals and because of their relative’s sensory impairment there would have to be repeated conversations about their needs to ensure they were met.

The ward manager confirmed there was a well-established transfer arrangement within the directorate to maximise the availability of ward beds by transferring fit patients quickly on to Ward C3 and once covid isolation arrangements were met transferring to the covid free environment of the University Hospital Llandough should this be needed.

While most relatives were aware of the need to book a visiting appointment and had been able to do this easily. Some with large families and or social networks, were finding this more

difficult. One told us about arranging a necessary short visit of around 20 minutes for a family friend with a member of the ward staff. On arriving at the ward another nurse would not let them visit despite the arrangement being made. Another family member told us about how their relative's day treatment had been cancelled due to poor health. The patient was now being kept in to recover and would be given the treatment a few days later. The ward requested the family to provide an overnight bag with washing items and clothes for several days. On arriving at the ward, the relative was refused admission although no family member had visited the patient during the day and the last seven hours. The family member asked if they could take the bag to their relative just for assurance and was willing to be accompanied by a staff member. This was refused based on not meeting the Health Board's visiting policy even though it does allow for some staff discretion.

Some patients and relatives felt one hour was not long enough and one said visiting was rushed and there was not enough time to talk about their, care concerns and progress.

We found some were confused about new visiting arrangements when they moved to the University Hospital Llandough. Several had been told by staff there was no visiting at this hospital.

Environment

On arrival at the ward the signage is not clear regarding access to the ward, the doorbell button is small and on a side wall to the left. The button is not labeled making it difficult for the visually impaired and those using wheelchairs and mobility aids to identify and reach.

The CHC's 2018 report, found the Ward's storage space was poor which meant the ward had a cluttered appearance and despite the Health Board's commitment to resolve the problem, it was disappointing to find little had improved. Equipment is still stored the whole length of the corridor making it difficult for two people to pass particularly using a wheelchair or walking aids.

The main men's bay on the south side is cramped and quite dark making reading difficult for some. This contrasts with the four bed women's bay which is light and airy.

Overall, the ward had a clean, well-cared appearance. The team did note curtains were taped to the wall in the four bedded area. The temperature was comfortable and there were no unpleasant odors, spillages or stains.

Most patients and relatives were happy with the environment and raised few concerns about the facilities.

Interaction with Staff

The ward has a secure locked door and visitors needed to be let in. Staff greeted visitors and although the visiting team were not expected, the ward manager quickly gave access to patients. Several patients were in isolation or confirmed covid cases and the ward team were asked not to visit these rooms.

During the visit, the team felt welcome and ward staff were happy to help or provide further information.

The ward manager said over the last few months staffing arrangements were improving due to successful recruitment Programmes and flexible deployment. The ward was generally one qualified nurse down for day shifts, and although challenging at times this had been manageable. During the visit, patients had not raised any concerns about staffing other than they were terribly busy.

Staff were concerned about the time it was taking to provide care packages with social services, although this had improved over the last two months. One of the biggest problems was the availability of medication blister packs in the community for vulnerable patients. This came about from 2017 NICE community guidance. Where NICE supported the Royal Pharmaceutical Society's view that blister packs should only be used when a health professional has identified a specific need. This has meant some community pharmacies have cut back on blister pack availability. Currently, many community care providers only allow their staff to give medication if it is in a blister pack.

While visiting is rigidly applied and two per visit had been a longstanding pre-covid arrangement, which had worked well in keeping a calm environment on the ward. Under the current Health Board guidance, the working approach by staff is that they should be sensitive to the needs of the individual. The

visiting team’s patient experience was that some staff embraced this while others had not shown the same sensitivity.

Ward staff confirmed accessing showers could be a challenge for wheelchair users.

The Ward Manger was concerned about not having a quiet room for patients and their relatives, particularly to manage bereavement and distressing news.

Summary of Visit

Positive Findings

1. The overwhelming view of patients and relatives was that they were well looked after on the ward. A strong feature was the good communication given by medical staff and ward staff to a patient and their relatives about progress, treatment and involving them in decisions
2. The ward had a clean and well looked after appearance even though it was cluttered in several areas due to insufficient storage space.
3. Most patients felt the food was of good quality and well presented.

Negative Findings

1. Shower facilities were not meeting the needs of some patients with mobility problems, most notably motorised wheelchair access and transferring from a wheelchair.
2. The dietary needs of some patients, such as high fibre diets were not being met, and the current Halal meals were often too spicey for some people. In some instance portion size was too small.
3. Storage space had not been improved from 2018, despite the Health Board's commitment to improve the facilities.
4. Patients had poor or no access to television and the patient's room with a TV had been turned into a staff area. This meant there were no longer any quiet rooms to help patients with bereavement and distressing news.
5. On occasions, the application of current visiting arrangements was inconsistent with staff discretion not always sensitively applied.

Recommendations

The CHCs recommendations to the Ward, Clinical Board and Health Board to improve the patient experience are as follows:

1. The delivery of ward visiting arrangements should be consistent between wards and sites to avoid confusing staff and patients.
2. Wherever possible, staff should have a sensitive approach to visiting, ensuring patients and relatives needs and expectations can be met.
3. An easily accessible quite room should be provided on the ward for bereavement and receiving distressing news.
4. Patient access to television should be improved, recognising the different IT skills levels, including reinstating the patient room when clinically safe.
5. The Health Board should work with the CHC to see how access to showering facilities on the ward can be improved for patients with mobility issues and those relying on wheelchairs.
6. Improving staff disability awareness to help meet the needs of patients requiring additional support.
7. The Health Board needs to revisit the 2018 action plan and its commitment to improving storage facilities on the ward.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit.

Also, thank you to the staff for their time and assistance in an interesting and informative visit.