



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	2nd August 2018	Agenda Item	6d
Meeting	Quality & Safety Committee		
Report Title	External Inspections		
Report Author	Huw George, Risk Advisor		
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Closed		
Purpose of the Report	This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 10 th May 2018 to 13 th July 2018.		
Key Issues	<ul style="list-style-type: none"> • There has been one new inspection during the period. Clyne & Fendrod Wards, Cefn Coed Hospital. • Health Inspectorate Wales have published the 4 reports below regarding ABMU on their website. <ul style="list-style-type: none"> ○ Talbot Road Dental ○ Maesteg and Gorseinon Hospital ○ Princess of Wales Hospital Theatres and Ward 10 ○ Tonna Hospital, Suite 2 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: Note the contents of the report		

External Inspections

1. Situation

This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 10th May 2018 to 13th July 2018.

2. External Inspections

There has been one new Inspection in the Health Board since the last report was submitted to the Committee. Healthcare Inspectorate Wales (HIW) made an unannounced visit to Clyne and Fendrod Wards at Cefn Coed Hospital. The visit took place on 19th and 20th June 2018. The feedback is as follows:-

Feedback from HIW visit to Clyne & Fendrod Wards at Cefn Coed Hospital – 19th & 20th June 2018

Issues of Immediate Assurance	<p>There were no issues of immediate assurance that will trigger a formal letter to the Health Board. HIW advised the draft report would be available in approximately five weeks.</p> <p>Two concerns were raised about the amount of paperwork stored in the Ward Manager's office and some out of date items in the Emergency Bag which were addressed immediately and HIW Inspectors confirmed that they were satisfied that appropriate action had been taken.</p>
Quality of Patient Experience	<ul style="list-style-type: none">• The staff on both wards were described as friendly, professional & kind and the reviewers saw evidence of patients being treated with respect.• The response to more challenging patients was appropriate.• Patients spoken to by the reviewers praised the staff for their approach.• The Ward Manager on Clyne Ward was described as "well liked" by the patient group.• There was a lack of HIW information displayed on both wards but when asked HIW were unsure if they published any posters/information leaflets so would advise the Health Board if any was available.• The lounge areas have been made as homely as possible given the limitations of the Ward environment.• The bedrooms were considered sparse and too clinical. It was suggested that a different colour scheme may help.• Some patients had commented about the lack of en-suite facilities.• The reviewers noted that disposable curtains were used on Fendrod Ward but not on Clyne. They felt that the disposable curtains made the ward too clinical and advocated using the same type of curtains as Clyne.• It was noted that some patients had been on the Ward for quite a long time and HIW emphasised the importance of moving patients on as soon as they are ready.• There an area on Fendrod where the plaster is damaged which needs to be rectified.

	<p>Good Practice highlighted:</p> <ul style="list-style-type: none"> • Lots of information available about advocacy • The new main entrance to the hospital is very welcoming • The Lounge areas on both wards are good. • The presence of the Activity Worker on Fendrod is positive and it is noted that this role will shortly be introduced on Clyne. • The environment on both wards was calm & controlled • Staff have good knowledge of their patients.
<p>Safe & Effective Care</p>	<ul style="list-style-type: none"> • The Resus Kit/Emergency bags on both wards need to be checked to ensure all items are in date. • Clyne Ward were asked to review the location of their Emergency Bag as the current location in the Clinical Room was considered as being possibly too far away from the main patient area. • The stair lift up to Fendrod Ward which is no longer operational needs to be removed. • There are some areas of flooring on the stairs that need repair. • The wiring to the TV on Fendrod Ward needs to be boxed in. • The smoking room on Fendrod Ward is a concern, it is noted that there is a plan to close this in the medium term. • There are some ligature points on Clyne that need to be reviewed. • There is a blind spot on Fendrod Ward which makes observation difficult. • The clinical notes, particularly on Clyne Ward, are difficult to navigate, filed inconsistently with loose pages and some entries were unsigned and/or undated. Some notes are overloaded. • The nursing notes document what patients have done during the day but don't make any assessment of the patient's mental health status. • The involvement of relatives/carers in patient's care & treatment plans is not recorded. • Mental Health Act documentation is in good order and the support provided by the Mental Health Act Team was praised. • Reviewers commented that entries in the notes by the Responsible Clinician were "light". • In some cases documentation from review meetings was incomplete. • There was evidence of prompt action when patient risks were escalating. • Medicines were generally well managed but some drug charts on Clyne were incomplete, the temperature in the Drugs Room on Fendrod is not monitored and the drugs fridge on Fendrod was not locked although it is in a locked room.

Management & Leadership	<ul style="list-style-type: none"> • There is visible leadership on both wards • Staff have made positive comments about the Ward Managers • More staff would be beneficial especially on Fendrod so that patients can access the garden on request. • Nurse staffing numbers at night are at minimum • Ward staff reported that they are collecting acuity data but don't receive any feedback about how this is being used to monitor staffing. • The QI Programme looks like a really good initiative but need to ensure that ward staff know about it. • Ward Teams are patient focused. • The bedroom alarms on Fendrod have been de-activated. There is a need for a clear policy on alarms which is adhered to. • Some staff were not carrying their personal alarms. • The Board with photos of ward staff in the entrance to Clyne Ward is excellent and should be replicated. • Some concerns about cleaning hours on Fendrod Ward although recognised that position of smoking room makes cleaning more of a challenge.
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Healthcare Inspectorate Wales Reports and Improvement Plan Status

The table below summarises the correspondence between the Health Board and HIW from 10th May 2018 to 13th July 2018.

Correspondence Summary	
Date	Correspondence Details
17.5.18	The Health Board received the final report following a visit to Talbot Road Dental Practice on 22nd March 2018. The report has been published on HIW web site on the 25th June 2018. All matters are considered closed the action plan will be monitored by the Risk and Assurance Team.
22.5.18	The Health Board responded to HIW with regards to phase two of the "Joint Thematic Review of Community Mental Health" they are conducting in conjunction with Care Inspectorate Wales. Interviews were held in July as part of the review. Following the interviews, HIW will publish a report on the HIW web site within 3 months.
24.5.18	<p>The Health Board received self-assessment questionnaires from HIW regarding Surgical Inspections. Princess of Wales Hospital and Morriston Hospital completed the questionnaires and they were returned to HIW on the 21st June 2018.</p> <p>Healthcare Inspectorate Wales (HIW) has started undertaking inspections of surgical departments throughout Wales. The inspection approach takes account of the National Safety Standards for Invasive Procedures (NatSSIPs) which were introduced in Wales in September 2017. The programme of work was devised through consultation with</p>

	<p>stakeholders including Royal College of Anaesthetists, Royal College of Surgeons, The Association for Perioperative Practice, Welsh Risk Pool Services, NHS Wales health board representatives, 1000 Lives Improvement, NHS Wales Delivery Unit and Welsh Government.</p> <p>As part of HIW’s programme of work, all surgical departments are to be asked to undertake a self-assessment on an annual basis. This will help HIW to assess progress towards meeting the NatSSIPs, as well as providing intelligence to support any inspections that we undertake. It should be noted that we will not be inspecting each surgical department each year.</p> <p>The self-assessment focuses on the following areas:</p> <ul style="list-style-type: none"> • Theatre and ward information; • National Safety Standards for Invasive Procedures; • Trauma and Hip Fracture data; and • Quality improvement in Perioperative and Surgical care. 								
25.5.18	<p>The Health Board received the final report following a visit to Maesteg and Gorseinon Hospitals on 4th April 2018. The report was published on HIW web site on 30th May 2018. All matters are considered closed the action plan will be monitored by the Risk and Assurance Team.</p>								
25.5.18	<p>HIW sent a draft report and improvement plan regarding the unannounced visit to Princess of Wales Hospital Theatres and Ward 10. The Health Board responded to HIW on the 15th June 2018 and HIW requested further assurance on areas highlighted around staffing on 22nd June 2018.</p> <p>The improvement plan was amended and resubmitted on 29th June 2018.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:</p> <div data-bbox="379 1377 1348 1921" data-label="Figure"> <table border="1"> <caption>POWH Theatres & Ward 10</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Quality of Patient Experience</td> <td>3</td> </tr> <tr> <td>Delivery of Safe and effective Care</td> <td>7</td> </tr> <tr> <td>Quality of Mangement and Leadership</td> <td>1</td> </tr> </tbody> </table> </div> <p>The report was published on the HIW website on 26 June 2018. HIW accepted the revised action on the 9th July 2018; the website will be updated to reflect this – Closed.</p>	Category	Score	Quality of Patient Experience	3	Delivery of Safe and effective Care	7	Quality of Mangement and Leadership	1
Category	Score								
Quality of Patient Experience	3								
Delivery of Safe and effective Care	7								
Quality of Mangement and Leadership	1								

4.6.18	The Health Board received a draft report regarding a Thematic Review of Patient Discharge from Hospital to General Practice. The Health Board provided comments on the draft report on the 15th June 2018. The work will culminate in phase three and the production of a single All-Wales report containing HIW's findings and recommendations.														
6.6.18	<p>The Health Board received the final report following a visit to Suite 2, Tonna Hospital on 13th April 2018. The report was published on HIW web site on 7th June 2018 – Closed.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below.</p> <div data-bbox="379 631 1347 1263" data-label="Figure"> <table border="1"> <caption>Tonna Hospital Improvement Plan</caption> <thead> <tr> <th>Category</th> <th>Number of Recommendations</th> </tr> </thead> <tbody> <tr> <td>Communicating Effectively</td> <td>1</td> </tr> <tr> <td>Patient Information</td> <td>1</td> </tr> <tr> <td>Risk & promoting h & safety</td> <td>3</td> </tr> <tr> <td>Record Keeping</td> <td>3</td> </tr> <tr> <td>Patient Information</td> <td>3</td> </tr> <tr> <td>Work force</td> <td>1</td> </tr> </tbody> </table> </div>	Category	Number of Recommendations	Communicating Effectively	1	Patient Information	1	Risk & promoting h & safety	3	Record Keeping	3	Patient Information	3	Work force	1
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Communicating Effectively	1														
Patient Information	1														
Risk & promoting h & safety	3														
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20.6.18	The Health Board received a letter from HIW regarding concerns from an anonymous whistleblower about Suite 2 at Tonna Hospital. The Mental Health and Learning Disabilities Service Delivery Unit replied to the letter on the 29th June 2018.														
21.6.18	The Health Board received a letter from HIW regarding concerns from an individual about Ward 2 and Ward 20 and other issues at Singleton Hospital. Singleton Service Delivery Unit responded by the deadline of 13th July 2018. The response letter was sent to HIW on the 13th July 2018, we await their feedback.														
6.7.18	The Health Board received a letter from HIW regarding concerns from an anonymous whistleblower about Princess of Wales Hospital. The Health Board is due to respond by the 20th July 2018.														

3. Reviews Sent to Welsh Government

During the period, no results of reviews were sent to Welsh Government.

4. Recommendations

The Committee is requested to note the contents of the report.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
			√				√
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		√					
Quality, Safety and Patient Experience							
The report sets out the findings of inspections by Healthcare Inspectorate Wales (HIW). Action plans are in place to reduce the risk of occurrence within the Health Board and the Independent Contractor Services. The Risk and Assurance team will monitor all action plans submitted to HIW.							
Financial Implications							
No implications for the Committee to be notified of.							
Legal Implications (including equality and diversity assessment)							
No implications for the Committee to be notified of.							
Staffing Implications							
No implications for the Committee to be notified of.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
No implications for the Committee to be notified of.							
Report History	Standing agenda item for Quality and Safety Committee meeting. Last update received June 2018.						
Appendices	No appendices						