



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>12 December 2019</b>	<b>Agenda Item</b>	<b>4.3</b>
<b>Report Title</b>	<b>External Inspections</b>		
<b>Report Author</b>	<b>Hazel Lloyd, Head of Patient Experience, Risk &amp; Legal Services</b>		
<b>Report Sponsor</b>	<b>Gareth Howells, Director of Nursing &amp; Patient Experience</b>		
<b>Presented by</b>	<b>Hazel Lloyd, Head of Patient Experience, Risk &amp; Legal Services</b>		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 12 <sup>th</sup> October 2019 to 13 <sup>th</sup> November 2019.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• A General Practice <i>Follow-up</i> Inspection (announced) was carried out by HIW in Alfred Street Primary Care Centre - Neath, on 9<sup>th</sup> September 2019.</li> <li>• An announced Inspection of Greenhill Medical Centre was carried out on 15<sup>th</sup> October 2019. The inspection report was received on 17<sup>th</sup> October 2019 and an immediate improvement notice was issued.</li> <li>• HIW carried out an announced inspection at Amman Tawe Partnership (Gwaun Cae Gurwen branch) on 12<sup>th</sup> November 2019. The inspection report was received on 14<sup>th</sup> November 2019 and an immediate improvement notice was issued.</li> <li>• An announced inspection of the Community Mental Health Team in Central Clinic, Swansea, will be carried out on 14<sup>th</sup> and 15<sup>th</sup> January 2020.</li> <li>• IR(ME)R Compliance Inspection to be carried out in Neath Port Talbot Hospital on 21<sup>st</sup> and 22<sup>nd</sup> January 2020.</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report.</li> </ul>		

## External Inspections

### **1. Purpose**

This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 12<sup>th</sup> October 2019 to 13<sup>th</sup> November 2019

### **2. External Inspections**

During the period HIW carried out three inspections:

#### **2.1 Alfred Street Primary Care Centre**

A General Practice *Follow-up* Inspection (announced) was carried out by HIW in Alfred Street Primary Care Centre, Neath on 9<sup>th</sup> September 2019.

HIW reported that they found evidence that the service provided safe and effective care, and that the practice had made considerable efforts to improve the service provided, and to implement the improvements needed from the previous inspection.

In terms of positive findings, HIW found:

- Staff at the practice treating patients in a polite, professional and dignified manner.
- The practice was well run by the practice manager, who took a lead role in the managing of all non-clinical activities.
- Staff were happy working at the practice and fully supported in carrying out their relevant roles.
- The practice team were determined and committed to provide a quality services to patients.

In terms of service improvement HIW suggested the following improvements:

- Replace the current website with the proposed cluster-wide website
- Update the patient information leaflet, to include Out of Hours information, Putting Things Right NHS (Concerns, Complaints & Redress Arrangements) (Wales) 2011 Regulations, practice and clinic timings.
- Audit the standard of note keeping regularly.

#### **2.2 Greenhill Medical Centre**

Healthcare Inspectorate Wales (HIW) visited Greenhill Medical Centre on 15<sup>th</sup> October 2019, to undertake an announced inspection. An immediate improvement plan was issued.

In terms of service improvement HIW found:

- Hepatitis B immunity staff register incomplete.
- Insufficient arrangements for patient confidentiality within the practice.
- Several staff unaware of the location of the defibrillator and resuscitation equipment incomplete (missing an ambubag).
- A number of unsafe storage arrangements for medications.
- Limited processes in place to support the safe recruitment and training of staff.

The GP Practice returned the Improvement Plan to HIW on 25<sup>th</sup> October 2019 which was accepted.

### **2.3 Amman Tawe Partnership (Gwaun Cae Gurwen)**

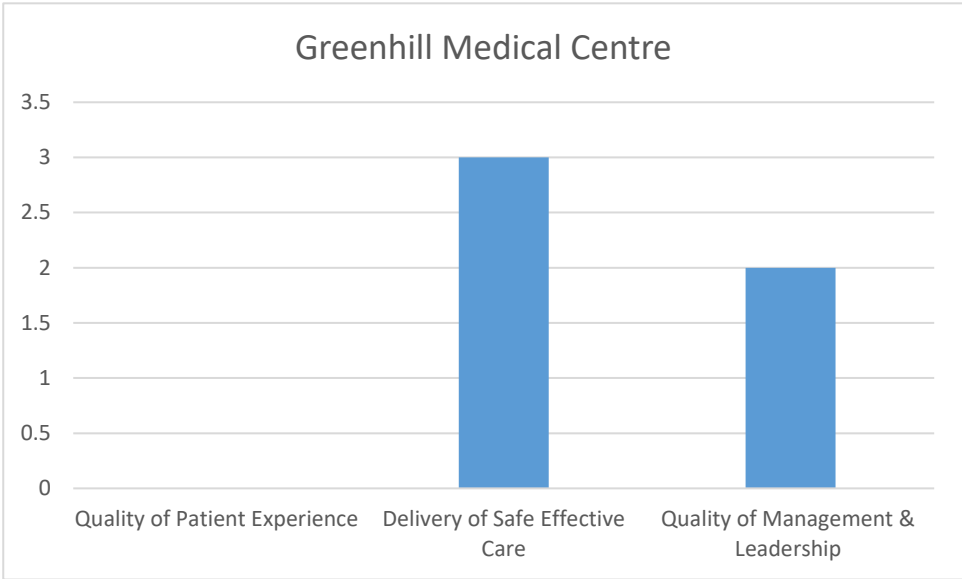
HIW carried out an announced inspection at Amman Tawe Partnership (Gwaun Cae Gurwen) branch on 12<sup>th</sup> November 2019. Five findings require an immediate improvement plan by 21<sup>st</sup> November 2019:

- ❖ Hepatitis B staff register incomplete
- ❖ Medication fridge temperatures - daily check inconsistent
- ❖ Patient emergency medication checks irregular
- ❖ Limited processes in place to support safe recruitment of staff
- ❖ Staff training information incomplete

The Plan has been shared with the relevant Leads.

## **2.1 Correspondence with Inspectorates**

<b>Correspondence Summary</b>	
<b>Date</b>	<b>Correspondence Details</b>
16/10/2019	Following the unannounced HIW inspection of Tawe Clinic, Cefn Coed Hospital, from 19 <sup>th</sup> to 21 <sup>st</sup> August 2019, the improvement plan and factual accuracy report were returned to HIW on 16 <sup>th</sup> October 2019.
17/10/2019	Immediate Assurance letter received from Healthcare Inspectorate Wales (HIW) following an announced inspection of Greenhill Medical Centre. The

	<p>recommendations regarding the subjects highlighted within the report are set out in the graph below:</p>  <table border="1"> <caption>Greenhill Medical Centre Scores</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Quality of Patient Experience</td> <td>0</td> </tr> <tr> <td>Delivery of Safe Effective Care</td> <td>3</td> </tr> <tr> <td>Quality of Management &amp; Leadership</td> <td>2</td> </tr> </tbody> </table>	Category	Score	Quality of Patient Experience	0	Delivery of Safe Effective Care	3	Quality of Management & Leadership	2
Category	Score								
Quality of Patient Experience	0								
Delivery of Safe Effective Care	3								
Quality of Management & Leadership	2								
18/10/2019	HIW correspondence received confirming the Tawe Clinic, Cefn Coed Hospital Improvement plan had been accepted.								
25/10/2019	The Health Board returned the improvement plan to HIW in respect of Greenhill Medical Centre.								
30/10/2019	HIW response received in respect of Greenhill Medical Centre which concluded that the Improvement Plan provided sufficient assurance.								
30/10/2019	HIW correspondence received to notify that they will conduct an IR(ME)R compliance inspection of Radiology Department (Diagnostic Imaging) at Neath Port Talbot Hospital, on 21 <sup>st</sup> and 22 <sup>nd</sup> January 2020.								
11/11/2019	Follow up Inspection Report for Alfred Street was received from HIW.								
14/11/2019	Following HIW announced inspection at Amman Tawe Partnership (Gwaun Cae Gurwen) branch on 12 <sup>th</sup> November 2019, correspondence from HIW was received, requiring an immediate improvement plan by 21 <sup>st</sup> November 2019.								

### 3. Recommendations

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

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
	<b>Health and Care Standards</b>	
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
This report sets out performance against patient experience measures and actions being taken to improve the services that we provide.		
<b>Financial Implications</b>		
No implications to note.		
<b>Legal Implications (including equality and diversity assessment)</b>		
No implications for the Committee to note.		

<b>Staffing Implications</b>	
No implications for the Committee to note.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
No implications for the Committee to be notified of.	
<b>Report History</b>	Standing agenda item. Reported previously to the October Quality and Safety Committee
<b>Appendices</b>	None.