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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	21st February 2019	Agenda Item	6.4	
Meeting	Quality & Safety Committee			
Report Title	External Inspections			
Report Author	Huw George, Risk Advisor			
Report Sponsor	Cathy Dowling, Assistant 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 11 th November 2018 to 31 st January 2018.			
Key Issues	<ul style="list-style-type: none"> There have been three new inspections in the period. 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> 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 11th November 2018 to 31st January 2019.

2. EXTERNAL INSPECTIONS

There has been one inspection across ABMU in the specified time period and two inspection reports received from HIW which the Health Board was unaware of the inspections.

- **Dyfed Road Health Centre**

Inspection date 3rd December 2018.

An immediate improvement notice was received outlining the issues regarding the resuscitation trolley and issues regarding documentation.

Health Inspectorate Wales (HIW)'s specific concerns in this respect are as follows:-

- Resuscitation Equipment Checks - Some records had been maintained of checks by staff; however, these were not completed regularly. In addition, where the trolley had been checked, it was not documented that the above issues had been identified or rectified.

HIW have now accepted the immediate improvement plan and the draft report will be sent to the practice in approximately four weeks.

- **Pontardawe Dental Care**

Inspection date 24th September 2018 (Not previously reported corporately)

The HIW report summarised the inspection as follows:-

- Pontardawe Dental Practice provided a friendly and professional service to their patients.
- The practice was patient focussed. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the patients and staff.
- Clinical records were maintained to a high standard as were staff files and practice information.

- **Briton Ferry Dental Practice**

Inspection date 8th October 2018. (Not previously reported corporately)

The HIW report summarised the inspection as follows:-

- Overall we found evidence that Briton Ferry Dental Practice provided a friendly and professional service to their patients.
- The practice was patient focussed. We saw evidence of strong leadership, and the practice had the necessary policies and procedures in place to support the patients and staff.

- Clinical records were maintained to a good standard, as were staff files and practice information.

3. Healthcare Inspectorate Wales Reports and Improvement Plan Status

The table below summarises the correspondence between the Health Board and HIW from 11th November 2018 to 31st January 2019.

Correspondence Summary	
Date	Correspondence Details
12.11.18	The Health Board received a letter from HIW asking for further information regarding Neath Port Talbot MIU improvement plan. The Health Board replied 15th November 2018. The plan was accepted by HIW on 24th December 2018.
23.11.18	The Health Board received notification from HIW that the Neath Port Talbot improvement plan had been accepted. The plan has been published on HIW website in conjunction with the inspection report.
11.12.18	The Health Board received a letter from Healthcare Inspectorate Wales relating to the joint HIW/CIW Community Mental Health Teams Thematic report. The Health Board replied in terms of factual accuracy on 21st December.
31.12.18	The Health Board received the draft HIW report regarding Kris Wade. The Health Board are required to comment on the report for factual accuracy by 11th January 2018.

3.1 Special Review of how Abertawe Bro Morgannwg University Health Board (ABMUHB) handled the employment of, and allegations made against, Kris Wade.

The report was published on 29th January 2019. The Health Board draft improvement plan has been submitted to Welsh Government and a substantive update will be provided at the next meeting. A copy of the submission is attached at Appendix 1.

4. Reviews Sent to Welsh Government

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

5. Recommendations

Members are asked 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. 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 December 2018.									
Appendices	Appendix 1 : Draft Action Plan in relation to Special Review									

DRAFT SENT TO HIW FOR COMMENT

MASTER VERSION

ACTION PLAN IN RESPONSE TO HEALTH INSPECTORATE WALES SPECIAL REVIEW OF HOW ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD (ABMUHB) HANDLED THE EMPLOYMENT OF, AND ALLEGATIONS MADE AGAINST, KRIS WADE.

Performance Rationales Key

Performance Rationales	Key
Action(s) are either completed, require ongoing maintenance or on profile to achieve the target/objective.	GREEN
Actions are below target/milestone forecast but actions and resources are in place to ensure the target or measure will be achieved in the next period of performance review.	AMBER
Actions are below target/milestone forecast and no action plan / additional effort or resources are in place to ensure remedial action is timely and the objective/target will be achieved overall.	RED

Recommendation	Action	Timescale	Lead Executive	Current position
1 The health board must ensure the redeployment policy is consistently followed.	<ul style="list-style-type: none"> Review Redeployment policy to ensure explicit requirement for appropriate staff have Disclosure and Barring Service (DBS) checks made before redeployment. 	March 19	Director of Workforce and OD	
	<ul style="list-style-type: none"> Audit historical compliance with redeployment policy to ensure appropriate DBS checks completed. 	April 19	Director of Workforce and OD	
	<ul style="list-style-type: none"> Training/awareness for workforce staff to 	April 19		

Recommendation	Action	Timescale	Lead Executive	Current position
	<p>ensure consistency of application of policy requirements.</p> <ul style="list-style-type: none"> Central management of redeployment register within workforce team when new structure implemented . 	June19	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	
<p>2 The health board needs to consider how occupational health advice can be more clearly communicated to management staff, in order to accommodate the needs of the employee concerned</p>	<ul style="list-style-type: none"> Clarify with HIW the context of the recommendation to ensure appropriate action is put in place. Review OH referral pro-forma to ensure clarity of issues/questions requiring OH response/advise. Training/awareness briefings for managers on OH referral processes. All referrals from managers to include specific question(s) for occupational health to 	<p>February 19</p> <p>March 19</p> <p>From March 19</p> <p>From March 19</p>	<p>Director of Workforce and OD</p>	

Recommendation	Action	Timescale	Lead Executive	Current position
	<p>answer and if managers are not satisfied with content of reports or have queries – to contact occupational health for clarification.</p> <ul style="list-style-type: none"> Professional scrutiny of OH Doctors reports to ensure that manager questions are being clearly answered by Workforce Operational team following the establishment of the new workforce structure. 	May 19	Director of Workforce and OD	
<p>3 The health board must ensure the suspension and special leave policies are applied consistently and all staff are clear about their correct use in relation to staff members under investigation.</p>	<ul style="list-style-type: none"> All disciplinary cases will be reviewed by Senior Human Resource staff. Training for workforce staff in application of policy. Monthly review of all suspensions/serious cases at (In Committee) Workforce & Organisational 	<p>February 19</p> <p>April 19</p> <p>From February 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<ul style="list-style-type: none"> All disciplinary cases are reviewed by Assistant Directors of Workforce on a monthly basis all suspensions are discussed and reviewed.

Recommendation	Action	Timescale	Lead Executive	Current position
	Development (W&OD) Committee.			
4 The health board must identify and provide sufficient resources for disciplinary investigations to ensure their timely completion.	<ul style="list-style-type: none"> • Advertise Investigating Officer (IO) posts. • Interview for IO post. • Establish IO team. • Review current Work Force structure to ensure sufficient resource to support cases not supported by IO's. 	<p>February 19</p> <p>March 19</p> <p>May 19</p> <p>April 19</p>	<p>Director of Workforce and OD</p>	<ul style="list-style-type: none"> • Job descriptions written awaiting evaluation.
5 The health board must ensure there is relevant and timely clinical input to support the understanding of evidence from vulnerable patients within disciplinary proceedings.	<ul style="list-style-type: none"> • Investigating officers to review disciplinary cases before commencing investigating to determine whether patients will need to provide statements. • Review disciplinary and grievance procedures to ensure 	<p>February 19</p> <p>March 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	

Recommendation	Action	Timescale	Lead Executive	Current position
	<p>they reflect the above requirement.</p> <ul style="list-style-type: none"> Investigating officers to receive training in taking statements from patients. Before approaching patients for evidence clinical advice and support will be sought. 	<p>Once in post</p> <p>February 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	
<p>6 Welsh Government, through its work with safeguarding boards, needs to ensure that national safeguarding processes enable consistency of reporting to facilitate benchmarking, and information sharing across Wales.</p>			<p>Welsh Government</p>	
<p>7 The health board should ensure there is consistency between the safeguarding strategic plan and safeguarding policies to ensure aims are clearly reflected in all documents.</p>	<p>The Health Board will continue to contribute to the ongoing review of the All Wales Safeguarding Procedures</p> <p>ABMU Strategic plan will be reviewed on conclusion of the review of the All Wales Safeguarding Procedures.</p>	<p>Expected to be completed by [July 19] – awaiting confirmation</p> <p>[To be agreed in line with above]</p>	<p>Director of Nursing and Patient Experience</p>	<ul style="list-style-type: none"> The Health Board Safeguarding Strategic Plan is aligned with national frameworks, the NHS Safeguarding Maturity Matrix, Health Care Standards and the National and Regional Safeguarding Boards Strategic objectives. Health Board Safeguarding Policies are renewed

Recommendation	Action	Timescale	Lead Executive	Current position
				regularly and updated accordingly following changes in legislation and guidance.
8 Welsh Government should consider how the renewal of DBS checks for NHS staff can be facilitated across Wales as an important part of safeguarding patients.			Welsh Government	
<p>9 The health board must ensure all staff, where required by their role, receive a DBS check and address the following:</p> <ul style="list-style-type: none"> • As a priority DBS checks are conducted for members of staff who have not previously received a DBS check • The approach of renewing DBS checks for staff is carefully considered to ensure that they are up to date and updated when staff change roles • The status of DBS checks is considered as part of the safeguarding process and in particular, when allegations are made against staff • The responsibility for conducting DBS checks for redeployed staff and volunteers is clarified within Health Board Policy 	<ul style="list-style-type: none"> • Complete current programme of DBS check roll out programme in L&D. • Evaluate Electronic Staff Record (ESR) data for current levels of compliance. • Ensure accuracy of ESR record where checks have been conducted. • Work with safeguarding team to develop mechanisms for checking DBS 	<p>May 19</p> <p>March 19</p> <p>May 19</p> <p>April 19</p>	<p>Director of Workforce and OD</p>	

Recommendation	Action	Timescale	Lead Executive	Current position
	<p>status of staff where appropriate.</p> <ul style="list-style-type: none"> • Prioritise areas or staff groups to conduct missing checks or (if determined by Welsh Government (WG) policy) repeat DBS checks. • Work with staff side to develop and agree ongoing approach to DBS checking. • Develop communications for staff. • Commence roll out of DBS plan. • Mandate annual update service (if determined by WG policy). • Review Health Board volunteer policy to ensure requirement for DBS is clear. 	<p>June 19</p> <p>April 19</p> <p>June 19</p> <p>July 19</p> <p>TBC</p> <p>March 19</p> <p>March 19</p>	<p>Director of Workforce and OD</p>	

Recommendation	Action	Timescale	Lead Executive	Current position
	<ul style="list-style-type: none"> Check DBS completeness and recording process for all current volunteers. 	April 19	Director of Workforce and OD COO (for Volunteers)	
<p>10 The health board must consider the robustness of safeguarding training for staff, including the benefits of face-to-face and scenario-based training.</p>	<ul style="list-style-type: none"> Current Safeguarding training to be reviewed to include consideration of scenario based facilitated training. Revised Safeguarding Adult and Children Competency Training offer to be issued. Coordinate an accurate Safeguarding training needs analysis post Bridgend boundary changes. 	<p>October 19</p> <p>October 19</p> <p>June 2019</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p> <p>Director of Nursing &</p>	<ul style="list-style-type: none">

Recommendation	Action	Timescale	Lead Executive	Current position
			Patient Experience	
<p>11 The health board must ensure there are clear pathways within and across delivery units to share learning and good practice from safeguarding cases. This should include whether learning from Unit A has been shared with other units.</p>	<ul style="list-style-type: none"> • Learning from closed Safeguarding cases included in the Service Delivery Units performance reports presented to the quarterly Health Board Safeguarding Committee. • Introduce quarterly rotational learning events across service delivery units. • Undertake a spot audit to establish how widely safeguarding is included on the Service Delivery Units Quality and Safety forums. • Learning from this HIW report is to be discussed as a learning session at the Health Board Safeguarding Committee. 	<p>From February 19</p> <p>May 19</p> <p>May 19</p> <p>May 19</p>	<p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • The Health Board participate in regional Practice Reviews and Domestic Homicide Reviews attending learning events • Learning from closed cases - 7 minute briefings following publication of Practice Reviews in Wales are disseminated to health Board staff identifying key learning points related to health

Recommendation	Action	Timescale	Lead Executive	Current position
<p>12 The health board needs to consider the arrangements to evaluate the effectiveness of training and supervision for Designated Lead Managers (DLM). Furthermore, to ensure supervision is provided in line with the All Wales Safeguarding Best Practice Supervision Guidance.</p>	<ul style="list-style-type: none"> Undertake a supervision audit to map against the All Wales best practice Supervision Guidance. Review DLM role to ensure alignment with the lead practitioner role identified within the Social Services Well Being Act. A learning event for DLM's is planned using the HIW review findings as a scenario based training for DLM's – will inform future training offered. 	<p>September 19</p> <p>September 19</p> <p>June 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	
<p>13 The health board must review its processes to ensure all relevant safeguarding agencies are invited to strategy meetings and are facilitated to attend, either remotely or in person.</p>	<ul style="list-style-type: none"> The Corporate Safeguarding Team are to complete an audit in relation to relevant safeguarding agencies attendance at Strategy meetings. Results of the audit to be reported to the Regional Safeguarding Quality Monitoring Sub Group for action re agencies attendance. 	<p>May 19</p>	<p>Director of Nursing & Patient Experience</p>	

Recommendation	Action	Timescale	Lead Executive	Current position
	<ul style="list-style-type: none"> Health Board Safeguarding Policies to be reviewed following publication of All Wales Safeguarding Procedures. Safeguarding Level 3 training to be reviewed to include the importance of health staff attending strategy meetings. 	<p>December 19</p> <p>March 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	
<p>14 The health board needs to implement an effective way of checking the completion of the outcome actions when a safeguarding case is closed.</p>	<ul style="list-style-type: none"> All Unit performance report templates submitted for quarterly Safeguarding Committee to be reviewed by the Corporate Safeguarding team to ensure completion of outcome actions as part of regular reporting. The Datix Incident and Complaints modules action chain to be utilised for Safeguarding cases to ensure that outcome 	<p>May 19</p> <p>May 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> The Corporate Safeguarding team report on the outcome of closed cases within each Service Delivery Unit to the Health Board Safeguarding Committee in their bi annual report

Recommendation	Action	Timescale	Lead Executive	Current position
16 The health board must ensure there is effective and timely communication with individuals and families (where appropriate) affected by incidents throughout the safeguarding process.	<ul style="list-style-type: none"> • Ensure effective and timely communication is covered in Safeguarding training delivered and DLM Support groups • Develop information leaflets that can be shared with individuals and families to help them understand safeguarding process and the support on offer. 	March 19	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> • The Corporate Safeguarding Team has identified the need to develop information leaflets for individuals and families affected by incidents throughout the safeguarding process. A leaflet is in draft format
17 The health board must ensure staff understand that anyone raising safeguarding allegation should be treated seriously in all cases	<ul style="list-style-type: none"> • Following HIW publication a learning event for DLM's is planned using the HIW review findings as a scenario based training for DLM's, this will inform future training offered • Use publication of HIW report as opportunity for Health Board wide communication on importance of treating safeguarding concerns 	April 19	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> • Staff are advised during facilitated safeguarding training on how to respond appropriately to any allegations received
17 The health board must ensure staff understand that anyone raising safeguarding allegation should be treated seriously in all cases	<ul style="list-style-type: none"> • Use publication of HIW report as opportunity for Health Board wide communication on importance of treating safeguarding concerns 	April 19	Director of Nursing & Patient Experience	

Recommendation	Action	Timescale	Lead Executive	Current position
	<p>seriously via HB Continuous Improvement Newsletter.</p> <ul style="list-style-type: none"> Put in place rolling programme of Reflective practice through Vignette based training for staff supporting adults at risks. See actions in relation to 10, above. 	From June 2019	Director of Nursing & Patient Experience	
18 The health board should consider the formal support available for any members of staff who may be affected by adverse incidents, including for staff who are the alleged perpetrators of abuse. Furthermore, the health board should consider how it enables staff to feed in to improvements to practice.	<ul style="list-style-type: none"> Current support arrangements will be discussed with staff side. A report on these arrangements and any necessary improvements will be taken to Workforce and OD Committee. 	March 19 May 19	Director of Workforce and OD Director of Workforce and OD	
19 The health board is required to provide HIW with an update on the actions it has taken in response to the NHS Delivery Unit (DU) report, including where actions are incomplete or ongoing. From	<ul style="list-style-type: none"> Health Board action plan to be shared, which provides up to date position against all actions. 	February 19	Director of Nursing & Patient Experience	

Recommendation	Action	Timescale	Lead Executive	Current position
<p>20 The health board must rapidly improve its governance and reporting/escalation structures (including ward to Board governance) around quality, safety and clinical governance.</p>	<ul style="list-style-type: none"> Comprehensive review of the quality governance structures to be completed to ensure clear accountability and reporting arrangements. 	June 19	Director of Nursing & Patient Experience/ Director of Governance	<ul style="list-style-type: none"> A ward to Board Dashboard is in the process of being implemented which has a number of key Quality Indicators.
	<ul style="list-style-type: none"> Develop an escalation and resolution protocol in relation to concerns around quality, safety and clinical governance. 	June 19	Director of Nursing & Patient Experience/ Director of Governance	<ul style="list-style-type: none"> The Quality assurance Framework Toolkit has been developed and provides an opportunity to provide assurance within clinical areas.
	<ul style="list-style-type: none"> Development of the Health Board 'Board Assurance Framework' and strengthened approach to the management of risk. 	June 19	Director of Governance	<ul style="list-style-type: none"> The weekly high risk meeting with the Executive team provides an opportunity to raise any concerns. A Monthly Quality and Patient Safety Forum provides a means of systematically managing the quality and safety agenda and ensures that the mechanisms are operating effectively and escalating any risks to the Executive Board and Senior Leadership team. The quality Assurance Framework is being used, further work is being

Recommendation	Action	Timescale	Lead Executive	Current position
				undertaken to look at specialist areas.
<p>21 The health board must ensure there are effective arrangements and information systems in place to triangulate:</p> <ul style="list-style-type: none"> • Workforce issues relevant to safeguarding, such as staff suspension, with its safeguarding processes. • Information from claims, concerns and incidents to highlight areas of concern. 	<ul style="list-style-type: none"> • Review links and processes with safeguarding team to ensure appropriate sharing of information. • Senior/ Executive review, on a monthly basis, claims, concerns, incidents and discipline and grievance issues. 	March 19	<p>Director of Workforce and OD</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • The Health Board has a Policy for the Management of Allegations of Abuse of Children or Adults by Professionals and Members of Staff (Professional Abuse/Concerns Policy). • The Health Board senior team have “high risk” meetings to discuss cases escalated
<p>22 The health board must ensure there are clear and effective pathways for sharing learning from safeguarding and incidents throughout the Health Board.</p>	<ul style="list-style-type: none"> • See actions in response to recommendation 11. • Introduce bi monthly learning events for Health Board staff 	<p>June 19</p> <p>June 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • The Health Board participate in regional Practice Reviews and Domestic Homicide Reviews attending learning events. • Learning from closed Safeguarding cases is included in the Service Delivery Units performance reports presented to the bi monthly Health Board Safeguarding Committee. • 7 minute briefings following publication of Practice Reviews in Wales are disseminated to health Board staff identifying key

Recommendation	Action	Timescale	Lead Executive	Current position
				<p>learning points related to health.</p> <ul style="list-style-type: none"> The Corporate Safeguarding team are currently undertaking a spot audit to establish how widely safeguarding is included on the Service Delivery Units Quality and Safety forums.
<p>23 Welsh Government should consider how a more robust mechanism for sharing safeguarding learning can be developed across Wales.</p>			<p>Welsh Government</p>	
<p>24 The health board must progress a formal commissioning arrangement, across the three health board areas, regarding the provision, planning and performance monitoring of learning disability services provided.</p>	<ul style="list-style-type: none"> Commissioning arrangements across the three Health Boards that ABMU LD service spans to be formalised through written documentation. 	<p>June 19</p>	<p>Director of Strategy</p>	<ul style="list-style-type: none"> The Mental Health and Learning Disability (MH&LD) Service Delivery Unit is part of an active collaborative with Commissioners in Cwm Taf and Cardiff and the Vale Health Boards.; i.e., the South East Wales Commissioning Group. Terms of Reference and Work programme established. Continued engagement of the MH and LD through the Work Programme.

