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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th March 2020	Agenda Item	4.1
Meeting	Quality & Safety Committee		
Report Title	External Inspections		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
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 14 th November 2019 to 10 th March 2020.		
Key Issues	<ul style="list-style-type: none"> • An inspection of Skewen Medical Centre took place on the 18th November 2019. An immediate improvement plan and an improvement plan were required. These have been submitted by the Practice Manager and on the 21st January 2020 HIW confirmed they had received sufficient assurance. • Following HIW's inspection of the Birth Centre at NPTH in October 2019, an improvement plan was received in December 2019. On the 2nd January 2020 HIW confirmed that the assurance sent was sufficient. • HIW carried out an unannounced inspection of the Paediatric Units (Ward M Morriston Hospital and Oakwood Ward Morriston Hospital), on the 21st and 22nd January 2020. An immediate improvement plan was received on 24th January 2020. The Health Board's action plan was accepted as assurance by HIW. • HIW carried out an unannounced inspection of AMAU and ED at Morriston Hospital on the 27th – 29th January 2020. An immediate improvement plan was received on 31st January 2020. The Health Board's action plan was accepted as assurance on the 12th February 2020. • HIW carried out an announced IR(ME)R Compliance inspection of the Radiology Department (Diagnostic Imaging) at Neath Port Talbot Hospital (hosted by Morriston SDU) on the 21st and 22nd January 2020. 		

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	<p>The verbal feedback received on the day was positive but we are yet to receive a formal report.</p> <ul style="list-style-type: none"> • The inspection due to take place at Central Clinic CMHT Area 2 in January 2020, was cancelled the day before. HIW have not yet formally confirmed a new date for the inspection. • HIW have confirmed that in the week commencing 20th April 2020 they will attend the Health Board for two days, to interview particular members of staff involved in Maternity Services. The Health Board is in the process of arranging these interviews.
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Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report. 			

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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 14th November 2019 to 10th March 2020.

2. External Inspections

2.1 HIW Inspections:

2.1.1 Skewen Medical Centre

An inspection was carried out on the 18th November 2019.

HIW found that the overall service provided safe and effective care. There were positive interactions between staff and patients and the environment was welcoming. Communication between staff was good and staff confirmed they felt supported by the management team. There were areas of concern found which could pose an immediate risk to the safety of patients, including processes in place for ensuring staff had appropriate Hepatitis B immunity and processes for the safe recruitment of staff.

In terms of positive findings, HIW found:

- Appropriate arrangements in place for medicine management
- A range of services available to patients including information on health promotion, as well as regular clinics for ongoing conditions
- Comprehensive business continuity and emergency plans in place.

In terms of service improvement, HIW suggested the following improvements:

- A review of the policies and procedures to ensure they are up to date.
- The practice should complete and updated environmental risk assessment
- The practice should ensure that medication fridge temperatures are adequately recorded.

The concerns regarding staff immunity to Hepatitis B and the recruitment process were dealt with under the immediate assurance process. This meant that the Practice took urgent remedial action.

2.1.2 Paediatric Services (Ward M and Oakwood Ward – Morriston Hospital)

On the 21st and 22nd January 2020, HIW carried out an unannounced inspection of the Paediatric wards at Morriston Hospital. During the inspection, HIW identified concerns relating to patient safety and as such, the Health Board received an immediate improvement plan.

The inspection team were concerned with:

- Inconsistencies on Ward M in relation to the daily checks of the fridge temperature, at which medicine was stored. As such HIW were not assured that any discrepancies in storage temperature were being identified and escalated.
- Patient information was not being managed or stored securely, to prevent unauthorized access and to uphold patient confidentiality. Records were stored in unlocked trolleys and staff were not always present in these areas.

The Health Board submitted an Immediate Improvement Action Plan and this has been accepted by HIW.

2.1.3 Morriston Hospital Emergency Department and Acute Medical Assessment Unit

On the 27th – 29th January 2020, HIW carried out an unannounced inspection of the above wards at Morriston Hospital. During the inspection, HIW identified concerns relating to patient safety and as such, the Health Board received an immediate improvement plan.

Immediate assurance was required in relation to the following:

- Resuscitation trolley contents and checking processes need to be more robust
- Inconsistent sepsis screening in ED
- Medication fridges left open
- AMAU - IV fluids door left open and used to store confidential papers/information
- Ligature points and assessment of patients at risk in ED
- Inappropriate storage of hazardous fluids
- AMAU - sluice doors wedged open
- Poor observation/supervision of patients in the ED waiting room
- Inconsistent use of NEWS scoring and how we manage this with people in ambulances outside ED
- Staff not adhering to IPC principles in AMAU, including hand hygiene and bare below the elbows of our medics

Other concerns from the inspection team were:

- Inconsistent assessment of pain management, falls assessment / planning and pressure ulcer management
- Inconsistent standards of documentation - incomplete notes
- Nurse supervision overnight - only band 6 on duty and in charge
- Staff not using translation services and using relatives to translate
- Clinical areas dirty
- Patient toilets dirty
- In line with the waiting room supervision - patients dignity not always maintained
- Poor visibility of Senior Managers at times of high escalation
- Visibility of IPC team
- Need to look at imaginative ways of creating flow
- ED to have more team meetings
- Low levels of mandatory training
- Lack of signage in Welsh and adherence to our responsibilities regarding the Welsh Language in AMAU and ED
- Patients and relatives access to food and drink when they have long waits

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Positive feedback was also received in relation:

- to the teamwork shown between staff in ED
- the compassionate care that was observed in all areas
- good support from Unit Leaders and Matrons
- Porters, HCA's and Security received positive feedback
- AMAU showed a good level of Audit and admission documentation was good.

2.1.4 IR(ME)R Compliance Inspection of the Radiology Department (Diagnostic Imaging) at Neath Port Talbot Hospital

On the 21st – 22nd January 2020, HIW carried out an announced inspection of the above Radiology Department at Neath Port Talbot Hospital. The team received positive verbal feedback from HIW following the inspection, however the Health Board is yet to receive a formal report. This is expected in the coming weeks.

2.2 CHC Report of Healthcare Services at HMP Swansea

Swansea Bay Community Health Council (CHC) has produced a report, which provides an overview of the feedback received from 114 men at Her Majesty's Prison (HMP) Swansea, about their experiences of NHS services whilst in prison. Some men reported positive experiences, but there were mainly negative experiences of health care at HMP Swansea. The report is summarised below:

- Over half of men were dissatisfied with the care they received
- A third of men were not satisfied with the health screenings at reception
- Almost half had health care worries whilst they had been at HMP Swansea
- A significant number of men did not feel they were treated by medical staff with dignity, care or respect
- Less than a quarter of men felt they had adequate access to a wide variety of health services in the prison
- A significant number of men were struggling to access healthcare services, particularly: dental services, mental health services, GP and eye care.
- Many men reported experiencing long delays getting their health concerns acted upon.
- A significant number of men were unhappy with the dental service provided in prison
- 65% of men experienced problems with delay in accessing medication (including medication prescribed before they entered prison) and being left without vital medication such as mental health medication and pain relief
- A high number of prisoners have a mental health problem and a significant number of them are waiting to receive mental health support. Some men said they are self-harming in order to be seen quicker by medical staff
- Some men said they were unaware of the additional mental health support services available at the prison including the Prison In-Reach Team and Lighthouse. Others said they were still waiting a long time to be seen.

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- Prisoners perceive a need for protection against hepatitis B, which they feel is not always being met
- A significant number of men said how frustrating they found it when they were not informed by medical staff that an appointment made for them had been cancelled
- Men feel that experiences can be improved with better information provision and communication, particularly in relation to cancelled appointments.

Following a review of the Healthcare Services from a prisoner's point of view, an action plan was created and accepted. The actions are as follows:

- Address the issues reported in relation to access to services and waiting times across the service.
- Address the gaps in service provision, particularly in relation to mental health services, GP services, dental services and eye care.
- Review the healthcare services currently provided within the prison to ensure that provision reflects the needs of patients
- Continue to monitor and improve the service for prisoners by undertaking regular Health Care Needs Assessments to improve health outcomes for prisoners
- Review the current method and procedure of health screening at reception to ensure it is effective at identifying health and care needs
- Hepatitis B immunisation – HMP Service and the Department of Health recommends immunisation for those at current or future risk of Hepatitis B infection. Take action to ensure compliance in this respect
- Continue to review the healthcare workforce to ensure patient safety
- Take steps to encourage a closer working relationship between prison staff and Health Board services with a view to improving communication with prisoners
- Strengthen referral process between the prison governors and health care service providers

2.3 Human Tissue Authority Update

All shortfalls identified in the Human Tissue Authority (HTA) mortuary inspection, carried out in October have now been completed. This was confirmed by HTA on 22nd January 2020. Actions are now underway to transfer Princess of Wales mortuary to Cwm Taf Morgannwg UHB and a transfer date of 1st April 2020 is planned.

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3. Correspondence with Inspectorates

Correspondence Summary	
Date	Correspondence Details
14/11/2019	Following an announced inspection of Amman Tawe Partnership, on 12/11/2019, HIW sent an immediate improvement plan.
18/11/2019	HIW confirmed they intended to conduct an announced inspection of the Community Mental Health Team at Central Clinic, Orchard Street on the 14 th and 15 th January 2020.
20/11/2019	HIW confirmed an Immediate Improvement Plan was required following an inspection at Skewen Medical Centre on the 18 th November 2019.
03/12/2019	HIW Final Report received following their inspection of Greenhill Medical Centre. No immediate concerns were identified. An immediate improvement plan and an improvement plan were received. Assurance by the Medical Centre was accepted.
12/12/2019	<p>Following an inspection of NPTH Birth Centre on the 22 and 23 October 2019, HIW sent their Inspection report. No immediate concerns were identified or immediate improvement required. An improvement plan was received on the 12th December 2019. Improvement was required on the following aspects:</p> <ul style="list-style-type: none"> • Clear communication to staff regarding the reporting of staffing concerns. • Explore the reasons why some staff feel unsupported following clinical incidents or reported concerns. • Improvements to some patient records in respect of more clear documented notes in relation to patient transfers. • Review of managerial oversight of services. • Improvement to the electronical clinical dashboard of the unit to ensure standards are monitored and maintained.
12/12/2019	HIW Final Report received following Cymmer Dental Surgery Inspection. No immediate concerns or improvement required. Some improvement required, with the assurance received from the surgery accepted.
02/01/2020	NPTH Birth Centre Final report received from HIW, following acceptance of the action plan provided by the Health Board.
13/01/2020	HIW correspondence received confirming the inspection due to take place of CMHT clinic on the 14 th and 15 th January 2020 was to be cancelled.
31/01/2020	Following the unannounced inspection at Ward M and Oakwood Ward, HIW sent through an immediate improvement plan for the Health Board to complete. This was completed and returned within the provided timeframe.
05/02/2020	HIW correspondence received following the unannounced inspection of Morriston ED and AMAU at the end of January. Immediate improvement was required and a plan was submitted to HIW by the Health Board on the 11 th February 2020.

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05/02/2020	HIW confirmation that the immediate improvement plan submitted by the Health Board, in relation to the Morriston Paediatric inspection, had been accepted.
12/02/2020	HIW confirmation that the immediate improvement plan submitted by the Health Board, in relation to the Morriston ED and AMAU Inspection, had been accepted.
19/02/2020	HIW sent a 'Request for Documents' to the Health Board. This relates to documents which HIW require sight of before the All Wales Maternity Review Interviews in April. Documents are to be sent to HIW by 06/03/2020.
02/03/2020	HIW correspondence received following their inspection of Paediatric Services at Oakwood Ward and Ward M, Morriston Hospital. The HIW Draft Report was enclosed and the Health Board needs to confirm by 17 th March 2020 whether it is in agreement with the contents. In addition an Improvement Plan was attached (following the Health Board's completion of the Immediate Improvement Plan) and this also needs to be completed by the 17 th March 2020.

4. Recommendations

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

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Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>	
Health and Care Standards		
(please choose)	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"/>
Quality, Safety and Patient Experience		
This report sets out performance against patient experience measures and actions being taken to improve the services that we provide.		
Financial Implications		
No implications to note.		
Legal Implications (including equality and diversity assessment)		
No implications for the Committee to note.		
Staffing Implications		
No implications for the Committee to note.		
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. Reported previously to the October Quality and Safety Committee	
Appendices	None	

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