

HIW Annual Findings 2020-2021 Swansea Bay University Health Board



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Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Agenda

- Introduction
- Our adapted approach
- All Wales Summary
- Health Board Title – Our Work
- Key themes / findings



Introduction - Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW)

is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.

We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Goal

To encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

Through our work we aim to:

Provide assurance: Provide an independent view on the quality of care.

Promote improvement: Encourage improvement through reporting and sharing of good practice.

Influence policy and standards: Use what we find to influence policy, standards and practice.

Healthcare Inspectorate Wales – Our adapted approach

MAINTAINED OVERSIGHT

How we did this:

- working with partners and,
- ongoing review of information and intelligence. This included Welsh Government COVID-19 reports and scenario modelling and Public Health Wales COVID-19 surveillance information.

INTRODUCED NEW WAYS OF WORKING TO CHECK ON CARE

How we did this:

- Continued to discharge our statutory function
- Introduction of flexible, adaptable approach
- Reducing burden to a system under significant pressure
- Considering safety of our own staff
- Rapid development of approaches to look at short and long term changes in healthcare provision.

Healthcare Inspectorate Wales – Our adapted approach

Our new approach, **HIW Quality Checks**, have been conducted entirely offsite.

Design of Quality Check's **aligns to key areas set out in the NHS Wales Planning Framework.**

Methodology focused on three areas;

- 1) Infection prevention and control;
- 2) Governance (specifically around staffing) and;
- 3) Environment of care.

Each sector-specific methodology considers these three areas plus other areas pertinent to that sector.

The work specifically explores arrangements put in place to protect staff and patients from COVID-19, enabling us to provide **fast and supportive improvement advice** on the safe operation of services during the pandemic.

In 2020 – 2021 HIW completed:

- 18 onsite inspections;
- 90 quality checks;
- 5 remote NHS follow up's and
- 5 remote IR(ME)R inspections across various wards, establishments, health boards and healthcare providers across Wales in the NHS and in the independent sector
- Handled over 1000 calls through our First point of contact (FPOC) service
- Dealt with 439 concerns – 36 of which were classified as needing urgent action

All Wales Summary



All Wales Summary 2020 - 2021

NHS Onsite work

1 NHS Mental Health setting
1 field hospital
8 mass vaccination centres
3 dental practices

Remote focussed inspections

3 IR(ME)R

Follow up work

5 NHS follow ups

Quality Checks

1 field hospital
8 GP's
26 NHS hospitals
19 NHS mental health hospitals



All Wales Themes 2020 - 2021

Overall good standard of care delivered across Wales during a period of unprecedented challenge.

Rapid response from services by **adapting environments and introducing new ways of delivery** to enable essential services to continue. (e.g. redesign of fracture clinic services, increasing use of remote and telephone consultation options).

Services had implemented **innovative approaches to support patients' physical and mental well-being** during the pandemic (e.g. a shop within a Mental health hospital setting)

Wide range of changes made to **infection prevention and control** arrangements to support the delivery of safe care. Hospital outbreaks seen during the second wave illustrate the need to continue to ensure arrangements are effective, and follow latest guidance.

Staff of all levels demonstrated **tireless commitment and flexibility**, however working during this time will have impacted considerably on wellbeing and continued resilience. There will be a task to support staff and ensure their wellbeing and training is a priority during recovery.



[Health Board] – Our work

- In 2020-2021 we did:
- 1 GP quality check
- 5 NHS hospital quality checks
- 3 NHS mental health hospital quality checks
- 1 follow up hospital quality check



Key themes/findings

We saw evidence to confirm that necessary risk assessments were conducted and relevant policies and procedures were updated to meet the additional demands of the COVID-19 pandemic.

Training specific to COVID-19 had been delivered to staff which included fit mask training for FFP3 ventilated masks and life support training

The Health Board responded positively to the pandemic with additional surge capacity at the field hospitals and rollout of the vaccine with mass vaccination centres.

There are issues across the HB with regards to training being provided and kept up to date, as well as the overall standard of record keeping.

Assurance and Inspection Work

There were six hospital quality checks in SBUHB during 2020-2021 – Morryston, Ward B / Cyril Evans Ward / Emergency Department. Singleton ward 12 Oncology, Gorseinon community hospital and Neath Port Talbot Hospital MIU.

Good practice or positive findings:

- We found that standard patient visiting arrangements to the ward had been suspended during the pandemic. However, a process for visiting had been introduced in line with the latest guidelines, for example patients on an end of life pathway or with dementia.
- Staff have added their names to the top of their PPE equipment such as visors, to help improve communication with patients and to help make it easier to identify staff members providing their care.
- The process described to us of screening and testing patients for the Covid-19 virus, demonstrates the ward has taken measures to manage patient admissions as safely as they can.

Themes or most significant areas where improvements were required:

- We reviewed an analysis of patient falls for the period 29.1.20 to 23.2.20. The ward reported five falls in this period. Management considered that inadequate staffing levels may have been a contributory factor to two of these. At the time of inspection no further analysis had been carried out of an additional 26 falls.
- Provide HIW with details of the action taken to ensure that medicines are stored at temperatures recommended by the manufacturer
- Ensure that there is a defined process to inform staff when to complete risk assessments to identify a patient's risk of developing pressure damage in line with HB policy and national professional guidance



Assurance and Inspection Work

There were three mental health quality checks in SBUHB during 2020-2021 – Caswell Clinic, Glan Rhyd Angleton ward and Ystradgynlais hospital.

Good practice or positive findings:

- The setting has a range of audits scheduled throughout the year to support patient safety, which includes audits of pressure and tissue damage. We reviewed a sample of these and found that pressure assessments had been completed daily for all patients
- We saw evidence that a number of recent IPC audits had been undertaken for all wards in the unit, and that these audits were detailed and had clear actions identified for improvement. We were told that the wards have received comprehensive support from the local IPC group who visit the wards on a frequent basis to ensure that IPC standards are being met.
- We were told that additional activities have been provided to keep patients occupied. Tablet devices have also been purchased to enable patients to maintain contact with family and friends. Some patients have access to their own mobile phones and this has enabled

Themes or most significant areas where improvements were required:

- We discussed the current patient information booklet given to new patients who arrived on the ward. As part of this discussion we agreed that it may be useful to have a COVID 19 appendix to provide additional information to newly admitted patients.
- We saw evidence to confirm that recent ligature risk assessments had been undertaken on all wards. However, we were told that the identified remedial work is unlikely to be actioned for a significant period of time due to a backlog in the health board estates department.
- We also found that a number of environmental issues had been identified in other recent audits and had not yet been addressed.



Assurance and Inspection Work

[There was one GP quality check in SBUHB during 2020-2021 – Llansamlet Surgery

Good practice or positive findings:

- In order to reduce the foot fall to and inside the practice, we were told that the practice made use of an open window at the side of the building to safely pass prescriptions to patients. Furthermore, the practice also arranged for prescriptions to be sent directly to patients' nominated pharmacies. Medical sickness certificates are emailed or posted to patients
- We were told that the practice had a dedicated room to isolate patients where required. We saw that the practice had a detailed protocol in place for the safe isolation of patients. The isolation room contained all the equipment and PPE required. Patients can access the isolator directly from outside of the premises and kept separate from the patient area.

Themes or most significant areas where improvements were required:

- The Senior GP told us that home visits have continued throughout the pandemic. The Senior GP described the process the clinicians used for home visits. Each case is individually assessed and it was confirmed that ample PPE equipment is available. However, the Senior GP confirmed that there is no written procedure or risk assessment in place.
- We saw evidence that the practice had reviewed and updated its policies in light of the COVID pandemic. We saw that the practice updated their business continuity plan, pandemic management and infection prevention control policy. However, we found that the policies were not version controlled and did not contain a review date.



Thank you. Any questions?



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