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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 20th June 2019 | Agenda Item | 5.3 |
| Meeting | Quality & Safety Committee | | |
| Report Title | External Inspections | | |
| Report Author | Maria Stolzenberg, Assistant Head of Risk and Assurance | | |
| Report Sponsor | Hazel Lloyd, Head of Patient Experience, Risk & Legal Services | | |
| 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 30 th March 2019 to 4 th June 2019. | | |
| Key Issues | <ul style="list-style-type: none"> • There has been two new inspections in the period. <ul style="list-style-type: none"> ○ Gupta Dental Surgery ○ Mumbles Dental and Cosmetic Suite • The action plan developed in response to the immediate improvement notice was initially not accepted for Neath South Community Mental Health Team –The Forge Centre, following amendments to the action plan, HIW have now accepted the plan. • HIW will be undertaking the National Maternity Review in June 2019 across NHS Wales and unannounced inspections of maternity services will be carried out. | | |
| 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 30th March 2019 to 4th June 2019.

2. **External Inspections**

There has been two inspections across Swansea Bay University Health Board in the specified time period.

Mumbles Dental and Cosmetic Suite

Inspection date 11th March 2019 (Report not shared centrally, therefore not reported on the previous report)

The HIW report summarised the follows:-

- The practice must ensure a daily surgery checklist for the surgeries is in place.
- The practice must ensure that a stock checking process is available for staff to ensure appropriate handling, checking and timely disposal of medications.
- The practice must ensure that a process is available for staff to ensure appropriate checking of emergency kit.
- The practice must ensure patient records are completed in keeping with professional standards for record keeping.
- The practice must ensure that the dentists record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000.

Gupta Dental Surgery

Inspection date 8th April 2019. A non compliance notice was issued.

Immediate improvement plan was not accepted and the problems identified are summarised as follows:-

- Procedures need to be in place to ensure all medicines and equipment are in date, HIW is not assured that the out of date equipment found has been disposed of, that the practice has been sufficiently checked and inventories made to ensure no further equipment or medicines are in date, and no assurance has been provided that the needles for the emergency kit have been replaced.
- With regards to the record keeping, the response provided was not dissimilar to the response to a previous non-compliance notice issued following an inspection of your Newport Smiles Centre dental practice (14 Bassaleg Road, Newport) on 23

November 2017. This did not assure HIW that the actions taken previously were effective, and as such, further assurance would need to be sought to ensure that the actions will be taken and lessons learned going forward.

HIW have accepted the improvement plan from the Dental Practice which will be monitored until completion by the Primary Care and Community Services Unit Directors through their Quality and Safety Committee.

3. Healthcare Inspectorate Wales Reports and Improvement Plan Status

The table below summarises the correspondence between the Health Board and HIW from 30th March 2019 to 4th June 2019.

| Correspondence Summary | |
|-------------------------------|--|
| Date | Correspondence Details |
| 12/04/2019 | The Health Board received a letter from HIW advising that the immediate improvement plan re Neath South Community Mental Health Team – The Forge Centre had not been accepted . The Health Board responded with the updated plan on the 30th April 2019. |
| 18/04/2019 | The Health Board received a letter from HIW to advise that the immediate improvement plan for Gupta Dental Surgeons had not been accepted. Gupta Dental Surgeons responded on the 24/04/2019 and HIW accepted the non compliance notice on the 02/05/2019 |
| 23/04/2019 | The Health Board received a letter from HIW to ensure the factual accuracy comments and final inspection report was accurate regarding the Mumbles Dental and Cosmetic Suite. The Dental Practice responded. |
| 08/05/2019 | The Health Board received a letter from HIW asking for the Health Board to review the report for factual accuracy and complete the improvement plan re Neath South Community Mental Health Team – The Forge Centre The Health Board responded with the updated plan on the 28th May 2019. |
| 03/06/2019 | The Health Board reviewed a letter advising HIW that they will be undertaking the National Maternity Review in June by way of announced inspections across Wales. A self-assessment form is required to be completed and returned by 17 th June 2019. |

3.1

Neath South Community Mental Health Team – The Forge Centre

Inspection date 19th – 20th March 2019

The immediate improvement plan was not accepted and the problems identified are summarised as follows:-

- Lack of information to describe how the health board had reflected on any weaknesses in governance systems which had not previously identified this issue
- Lack of assurance that these risk assessments are sufficiently thorough and any mitigating actions are being taken
- The Health Board need to ensure the risk assessments are known and available to staff

The Health Board provided the updated immediate improvement plan on the 30th April 2019 and this has been accepted. The plan will be monitored until completion through the Unit's Quality and Safety Committee and also the Health Board's Health and Safety Committee.

4. Reviews Sent to Welsh Government

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

5. 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 | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | |
| 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. | | | | | | | | | |
| Appendices | None | | | | | | | | | |