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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>23 August 2022</b>		<b>Agenda Item</b>	<b>3.5</b>
<b>Report Title</b>	<b>External Inspections Report</b>			
<b>Report Author</b>	Neil Thomas, Assistant Head of Risk & Assurance			
<b>Report Sponsor</b>	Hazel Lloyd, Interim Director of Corporate Governance			
<b>Presented by</b>	Neil Thomas, Assistant Head of Risk & Assurance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to highlight matters arising in respect of Healthcare Inspectorate Wales (HIW) inspections and reviews, and to provide assurance regarding action to address issues raised. Its purpose is being expanded to capture other external reviews – this is in development, but some early information is presented here.			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>Following the conclusion of inspections within Cefn Coed Hospital's Tawe Clinic and one of the Learning Disability service units reports and improvement plans have been finalised and agreed.</li> <li>HIW has published its report following the review of governance arrangements in the health board for the provision of healthcare services to Her Majesty's Prison Swansea. The health board is currently developing its improvement plan in response to the report.</li> <li>There are 8 previously inspected directly managed services for which actions remain to be confirmed as complete. In total, 26 individual actions remain currently (159 have already been confirmed as complete for the same inspections).</li> <li>Following publication of the HIW report National Review of Mental Health Crisis Prevention in the Community (Mar 2022), the health board response was submitted in May 2022.</li> <li>While work is ongoing to expand the scope of this report to cover wider external review bodies, early information on recent and upcoming reviews/inspections has been highlighted.</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the update in relation to external reviews and the health board responses to issues raised.</li> <li><b>CONSIDER</b> any areas requiring further assurance.</li> </ul>			

# EXTERNAL INSPECTIONS REPORT

## 1. INTRODUCTION

The purpose of this report is to highlight matters arising in respect of Healthcare Inspectorate Wales (HIW) inspections and reviews, and to provide assurance regarding action to address issues raised. Its purpose is being expanded to capture information on other external reviews – this is in development, but some early information is presented here.

## 2. BACKGROUND

The Healthcare Inspectorate Wales (HIW) looks at the quality, safety and effectiveness of the services that are being provided to people and communities, drawing attention to good practice where it is found and highlighting practices that could cause harm to those who are receiving it and areas for improvement. It inspects NHS services in Wales, and regulates and inspects the independent healthcare sector. HIW also works with other review and inspectorate bodies to consider the quality of healthcare delivered in non-healthcare settings such as prisons. In addition to inspections, HIW undertakes a programme of reviews to look in depth at national or more localised issues. As part of its work it makes recommendations to make improvements, immediate and longer term, where appropriate.

This report presents information in respect of reviews/inspections approaching or in progress, and those recently concluded and reported.

Where reviews/inspections identify areas for improvement, HIW presents recommendations against which improvement plans may be developed by the health board and shared. Progress against these actions is communicated periodically by service leads to the corporate Risk & Assurance team and the position summarised and reported to support corporate oversight and the provision of assurance to the Quality & Safety Committee.

This report presents the status of actions agreed following HIW reviews/inspections within the health board as informed by updates received to date from service areas.

Health board services are reviewed and inspected by other external bodies, in accordance with statutory arrangements, quality management accreditation systems, and commissioning arrangements. Steps are being taken to coordinate information on these so that clarity can be taken in reporting of risks and assurances arising from these.

## 3. NEW REPORTS RECEIVED – HIW

### 3.1 Health Board Services – Final Reports & Agreed Improvement Plans

#### Cefn Coed Hospital: Tawe Clinic – Clyne & Fendrod Wards (HIW 21193)

Following a HIW inspection of the above service on 14-16<sup>th</sup> March, the final report was published by HIW in June 2022.

In summary, HIW found a dedicated staff team that were committed to providing a high standard of care to patients. HIW observed that staff interacted with patients respectfully throughout the inspection. Care plans drew on individual patient strengths with balanced input from all members of the multi-disciplinary team. However, patient records were disorganised and inconsistencies of record-keeping across the hospital provided a challenge for staff accessing the most up-to-date and completed documentation. HIW found that the out-dated design of Cefn Coed Hospital impacts negatively upon the patient experience and provides difficulties for staff working in this environment.

What the service did well:

- All staff were observed to interact and engage with patients respectfully
- Provided multidisciplinary patient-centred care
- A good range of health promotion and therapeutic activities
- Established governance arrangements that assisted safe and clinically effective care.

What HIW recommended the service could improve:

- The environment of care that impacts upon patient privacy and dignity
- The environment of care for staff to manage the safety of the wards
- The structure and consistency of documentation used within patient records.

A copy of the report, incorporating the agreed action plan, is included at **Appendix 2**. An update on progress will be sought and reported to subsequent meetings.

#### Learning Disability Service Inspection (Unannounced) (HIW 21160)

An unannounced inspection of the one of the units within the Learning Disabilities service was undertaken on 15<sup>th</sup> March 2022. As noted at the last meeting, immediate improvements were required and an Immediate Improvement Plan was accepted by HIW on 14<sup>th</sup> April 2022.

Following this a Draft Report was issued and the health board response subsequently incorporated into a Final Report and Improvement Plan, marked with publication date of 17<sup>th</sup> June 2022.

In summary, HIW found that arrangements were in place with the intention to meet the Health and Care Standards relevant to the learning disability service. However, it identified improvement was needed around aspects of the service provision and asked the health board to take action to address this. The report also indicates that the health board was asked to take immediate action in relation to the environment, risk assessment and checking of emergency equipment to promote the safety and wellbeing of patients.

What the service did well:

- HIW found good compliance with the health board's staff training programme
- All staff had received an appraisal of their work within the last year.

What HIW recommended the service could improve:

- Aspects of the environment and the arrangements to ensure estates related issues are identified and addressed in a timely manner
- The amount of information displayed for patients
- The recording of checks of emergency equipment

- Specific reviews of incidents where data indicates an increase in the use of restrictive practice, specifically the use of seclusion
- Completion of admission and initial risk assessment documentation.

A copy of the report, incorporating the agreed action plan, is included at **Appendix 3**. An update on progress will be sought and reported to subsequent meetings.

### **3.2 Health Board Services – HIW Reports for Response**

#### Local Review of Governance Arrangements at Swansea Bay UHB for the Provision of Healthcare services to Her Majesty's Prison Swansea

Following HIW review of the above arrangements during 2021/22, It published its report on 30<sup>th</sup> June. In summary, the report found that quality governance arrangements in place at the health board do not adequately support the delivery of good quality, safe and effective healthcare services to the population of HMP Swansea. There is a need to strengthen these arrangements and raise the profile of prison healthcare within the health board to ensure that the quality of prison healthcare is designed, delivered, and monitored effectively. Key areas highlighted for improvement were:

- HIW was not assured that effective oversight was in place to ensure that prison residents receive a safe and equitable healthcare service.
- HIW could not identify strong processes to oversee quality standards.
- There were weaknesses in addressing issues identified by external reports and reviews, a lack of strong evidence of learning from recommendations, and a lack of evidence of routine data being captured on patient experience to inform service improvement.
- There was a need to ensure that relevant partnership agreements between the health board and prison are reviewed and updated to ensure that service design and delivery are reflective of the present and future intention. Stronger partnership working was needed between the health board and the prison.
- The health board also needs to ensure that the information it receives through its governance framework is accurate and timely, with particular attention needed in relation to the escalation of concerns and collecting and learning from patient experience. HIW was not assured that there was a systematic approach to recording concerns relating to prison healthcare, at either a local or corporate level.
- There was weak evidence for the triangulation of information relating to patient experience or concerns raised by prisoners through the governance framework.
- There were weaknesses in how risks relating to prison healthcare are recorded, escalated, managed, or mitigated, and there was insufficient oversight from the health board.
- The results from the HIW patient survey highlighted concerns by prison residents regarding long delays in receiving certain healthcare services, demonstrating a need for the health board to strengthen its oversight of healthcare provision in partnership with the prison, to ensure that excessive waiting times or gaps in provision are minimised wherever possible.

The Primary Care & Therapies Service Group are coordinating the development of an improvement plan in response to the report, for submission by 26<sup>th</sup> August 2022.

A copy of the published report is attached at **Appendix 4**. The health board's improvement plan will be brought to a future Committee meeting following agreement and submission.

### **3.3 Primary Care Contractors – HIW Reports issued**

Reviews & inspections of the health board's primary care contractors have been identified by review of publications on the HIW website. None of the below required immediate improvement. Outcomes are summarised below:

Quality Check: Glynneath Dental Practice

(Activity date: 7 March 2022. Publication date: 11 April 2022)

Two recommendations were made relating to the environment and governance. The completed improvement plan has not been published yet.

Quality Check: Cwmtawe Dental Practice

(Activity date: 5 April 2022; Publication date: 10 May 2022)

One recommendation was made relating to governance. An agreed improvement plan has been published.

Quality Check: Pentrepoeth Dental Practice

(Activity date: 27 April 2022; Publication date: 1 June 2022)

No areas for improvement were identified.

Quality Check: Castle Surgery (Action agreed – final date 30 Jun 2022)

(Activity date: 11 May 2022; Publication date: 15 June 2022)

Two recommendations were made relating to governance. An agreed improvement plan has been published.

Inspection (Announced): Woodlands Dental Practice/SBU Health Board

(Inspection date: 21 March 2022; Publication date: 22 June 2022)

Overall HIW found that the dental practice offered safe and effective care. Staff treated patients with dignity and respect and strived to ensure patients received a friendly service that meet their needs.

No areas of immediate non-compliance were identified during this inspection. However, HIW identified regulatory breaches regarding staff pre-employment checks, fire safety, the gathering of patient views, mandatory training and infection prevention and control. This did not result in the issue of a non-compliance notice, but the report expressed an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

Quality Check: Mountain View Health Centre, Swansea

Activity Date: 30 May 2022; Publication date: 26 July 2022

No areas for improvements were identified.

Copies of reports have been shared with the Primary Care & Therapies Service Group.

## 4. PROGRESS AGAINST ACTION PREVIOUSLY AGREED

### 4.1 Health Board Directly Managed Services

There are 8 inspections undertaken within services directly managed by the health board for which improvement plans were agreed previously and which have actions remaining to be confirmed as complete. Since the last meeting a further 17 actions have been confirmed complete. Three action plans can be closed. The below table summarises the overall status of actions agreed for those services:

Number of Recommendations	Number of Actions Agreed	Number of Actions Completed	Number of Actions Ongoing	Number of Actions Overdue
110	185	159	26	24

More detail on these is presented at **Appendix 1**. Assurance in respect of contracted services and those reviews conducted nationally or across organisational partnership boundaries are described in the later sections of this report.

Progress in respect of recently agreed improvement plans relating to *Cefn Coed Hospital: Tawe Clinic – Clyne & Fendrod Wards* (HIW 21193) and *Learning Disability Service Inspection (Unannounced)* (HIW 21160) will be sought and incorporated into the table for the next update.

## 5. OTHER HIW REVIEWS INCLUDING NATIONAL/JOINT REVIEWS

### National Review of Patient Flow (Stroke Pathway)

HIW is undertaking a national review of Patient Flow. As part of the above national review, HIW conducted an onsite visit at Morriston Hospital on 26-28<sup>th</sup> April 2022. The approach included attendance at meetings, and discussions with Emergency Department staff, stroke services staff and patient flow/discharge managers. In addition, the HIW team visited staff at Singleton and remote interviews undertaken.

No issues were raised at the time of the on-site inspection with the service lead. HIW reviewers indicated that they would write an initial letter to the Chief Executive and a final letter when their All Wales work is complete. Feedback is awaited. An update will be brought to the Committee when received.

### National Review of Mental Health Crisis Prevention in the Community (Mar 2022)

The HIW National Review of Mental Health Crisis Prevention in the Community was published on 10th March 2022 and made 19 recommendations for improvement by organisations in Wales. HIW wrote to health boards subsequently on 5<sup>th</sup> May 2022, requesting an update on action taken or planned response to the report recommendations by 27<sup>th</sup> May 2022. The Service Group Director for Mental Health & Learning Disabilities led coordination of the response from Swansea Bay and an agreed action plan was returned to HIW on 26<sup>th</sup> May 2022.

A copy of the national report and SBU response are included at **Appendix 5**.

In the latter part of 2023, HIW will again contact each health board for an update on action plans, to establish if each has been completed and whether actions

implemented to date have been sustainable. Progress against actions agreed will be reported to future QSC meetings.

#### National Review of Maternity Services (Nov 2020) – SBU Progress

In the June 2022 meeting of QSC, we reported that of the 101 actions agreed, 86 had been confirmed as complete by the service. Target dates have been refreshed for the 15 remaining actions, indicating a further 7 will be completed by the end of September 2022; 6 more by the end of December; and all will be complete by the end of the 2022/23 financial year. A further update will be provided on this in the next update.

#### Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (Oct 2021)

Following publication of the above report in October 2021, a response is being coordinated nationally, engaging the Welsh Ambulance Services Trust, health boards and Welsh Government. A national task & finish group has been established to provide advice and make recommendations to the Emergency Ambulance Services Committee (EASC) Management Group, and onwards to its Joint Committee. The first meetings were held in April and May 2022 and a workshop on the fundamentals of care was arranged for later that month. Progress is reported to the EASC Management Group attended by the health board's Deputy Chief Operating Officer.

## **6. UPCOMING & RECENT REVIEWS BY OTHER EXTERNAL BODIES**

Work is being undertaken to develop a mechanism to coordinate information relating to reviews & inspections undertaken by other external review bodies, in order to expand the assurance provided by this report for the future. While this is being established, enquiries so far have identified the following:

- A Licence Application Report is pending from the Human Tissue Authority in relation to Research & Development activities.
- The South West Burn Care Operational Delivery Network visited the health board in July 2022 to undertake a Six Month review of The Welsh Centre for Burns & Plastic Surgery. The purpose was enable assurance to be provided to all parties that progress with ICU reconfiguration is in line with the BBA Standards for Provision and Outcomes in Adult and Paediatric Burn Care, and discuss changes underway in respect of the Burns Paediatric Unit. The outcome of the visit is awaited.
- Rehabilitation Engineering Unit and Maxillofacial Laboratory (MFL) had their annual surveillance assessment (ISO 13485 QMS) in May 2022. Their certification was maintained, and in the case of MFL, the scope was expanded to include 'design'. No nonconformities or opportunities to improve were identified.
- The Artificial Limb and Appliance Service have a Stage 1 Assessment scheduled for November 2022, this is the first stage of a two stage process to achieve an ISO 13485 certified QMS.
- A Community Health Council Scrutiny Visit is planned for October 2022 in the health board's Hafod y Wennol Assessment & Treatment Unit, in the Vale Of Glamorgan.
- The report is awaited following a Royal College of Surgeons review of Cardiothoracic Services in March 2022.

## 7. GOVERNANCE AND RISK

This report aims to provide assurance regarding action taken to address issues & risks highlighted by HIW inspections and to inform Committee members and the Board of approaching and ongoing inspection activity.

## 8. FINANCIAL IMPLICATIONS

It is possible that actions to address some issues raised in external reviews and inspections may require resources. However, this report does not make any recommendations with financial implications.

## 9. RECOMMENDATIONS

Members are asked to:

- **NOTE** the update in relation to external reviews and the health board responses to issues raised.
- **CONSIDER** any areas requiring further assurance.



Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<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 type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input 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		
<p>HIW inspections may identify issues impacting upon the quality or safety of services, or the experiences of those affected by them. This reports aims to provide assurance on actions taken to address issues.</p>		
Financial Implications		
<p>It is possible that actions to address some issues raised in HIW inspections may require resources. However, this report does not make any recommendations with financial implications.</p>		
Legal Implications (including equality and diversity assessment)		
<p>HIW inspections may identify areas of non-compliance with legislation. This reports aims to provide assurance on actions taken to address issues.</p>		
Staffing Implications		
<p>HIW inspections may identify issues related to the staffing of services eg staffing numbers, or staff training/competency, or the solutions to other issues raised may have implications in terms of staff resources. This reports aims to provide assurance on actions taken to address issues.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The work of HIW provides an independent view of issues and risks within services. In addressing matters arising from reviews and inspections, the health aims to understand the causes of issues in order to prevent them from re-occurring.</p>		
<b>Report History</b>	This is report has been prepared directly for the Committee	
<b>Appendices</b>	<p>Appx 1: Progress Against Action Previously Agreed</p> <p>Appx 2: Cefn Coed Hospital: Tawe Clinic – Clyne &amp; Fendrod Wards (HIW 21193)</p> <p>Appx 3: Learning Disability Service Inspection (HIW 21160)</p> <p>Appx 4: HMP Swansea – HIW Report</p> <p>Appx 5a &amp; 5b: National Review of Mental Health Crisis Prevention in the Community (Mar 2022) – SBU action plan</p>	

# APPENDIX 1: PROGRESS AGAINST ACTION PREVIOUSLY AGREED

Date of Inspection	Inspection	HIW Ref	Nbr Report Rec'ns	Nbr Actions Agreed	Nbr Actions Complete	Nbr Actions Ongoing	Nbr Actions Overdue	Comments
August 2019	Cefn Coed Hospital	19016	33	33	31	2	1	The actions remaining from this 2019 review are closure of the smoking room and action to address environments of care. HIW re-inspected this service (Tawe Clinic) in March 2022 and made fresh recommendations. The action remaining from the 2019 inspection has been carried forward into the new 2022 improvement plan. This original review plan will be closed and actions monitored against the 2022 inspection improvement plan. <b>Action plan to be closed.</b>
Jan 2020	Morrison Hospital Paediatric Services	19260	30	26	22	4	4	Remaining actions to be confirmed are: <ul style="list-style-type: none"> <li>• Consider ward layout and dignity of patients/parents/carers</li> <li>• Emergency Bell needs to be heard across the ward</li> <li>• Provision of EPALS/PILS (life support) training</li> <li>• Ensure all staff have timely annual appraisals</li> </ul>
Sep 2020	Morrison Orthopaedic Surgery (Ward B)	20028	3	12	12	0	0	The Service Group has confirmed that all actions are complete. <b>Action plan to be closed.</b>
Mar 2021	Morrison Emergency Department	20085	9	34	30	4	4	Remaining actions to be confirmed are: <ul style="list-style-type: none"> <li>• Move from Waterlow Score to Purpose-T for assessment &amp; management of tissue damage</li> <li>• Complete PADR for all staff</li> <li>• Establish future process for PADR to ensure compliance</li> <li>• Develop workforce plan</li> </ul>
Apr 2021	Bryn Afon (Ferndale)	20133	2	9	9	0	0	The Service Group has confirmed that all actions are complete. <b>Action plan to be closed.</b>
Jun 2021	Morrison Acute Medical Assessment	21007	7	12	11	1	1	Remaining action to be confirmed is: <ul style="list-style-type: none"> <li>• Architect design to be provided to HIW</li> </ul>
Jun 2021	Morrison Childrens' Emergency Unit	21008	11	44	30	14	14	Recommendations made by HIW within its immediate improvement requirements and subsequent improvement plan were in relation mandatory training including, life

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Date of Inspection	Inspection	HIW Ref	Nbr Report Rec'ns	Nbr Actions Agreed	Nbr Actions Complete	Nbr Actions Ongoing	Nbr Actions Overdue	Comments
								support/resuscitation, specialist paediatric cover, and safeguarding. A number of separate actions were agreed aimed at improving the position, many of which have been indicated as complete, but some remain to be confirmed.
28 to 29 September 2021	Hospital Onsite IR(ME)R inspection – Radiotherapy Service at Singleton.	21053	15	15	14	1	0	Aug 2022: All actions complete with one remaining to be confirmed: <ul style="list-style-type: none"> <li>• Employer Procedure document review by 31/9/23</li> </ul>