



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>6<sup>th</sup> December 2018</b>	<b>Agenda Item</b>	<b>5e</b>
<b>Meeting</b>	<b>Quality &amp; Safety Committee</b>		
<b>Report Title</b>	External Inspections		
<b>Report Author</b>	Huw George, Risk Advisor		
<b>Report Sponsor</b>	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience		
<b>Presented by</b>	Gareth Howells, Director of Nursing & Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 11 <sup>th</sup> September 2018 to 21 <sup>st</sup> November 2018.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• There have been four new inspections in the period.</li> <li>• One non-compliance notice has been issued.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report</li> </ul>		

## 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 11<sup>th</sup> September 2018 to 21<sup>st</sup> November 2018.

### 2. External Inspections

There have been the four inspections across ABMU in the specified time period.

#### **MyDentist Gorseinon**

Inspection date 3<sup>rd</sup> September 2018 (Report not shared centrally, therefore not reported on the previous report).

The HIW report summarised the inspection as follows :-

“Overall we found evidence that the Gorseinon practice of MyDentist provided a friendly and professional service to their patients. The practice was patient focused and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

- We saw documentation demonstrating that the dental equipment was maintained and regularly serviced.
- We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff. However,
- The practice needs to ensure all clinical staff receive up to date training relevant to their role.
- The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping.”

Full report to be published on 4<sup>th</sup> December 2018.

#### **Neath Port Talbot Minor Injuries Unit (MIU)**

Inspection date 18<sup>th</sup> & 19<sup>th</sup> September 2018

The HIW report summarised the inspection as follows:-

“Patients provided positive feedback about their experiences of using the MIU at Neath Port Talbot Hospital

However we found improvements were needed to further promote safe and effective care. We required the Health board to take immediate action in relation to some of the improvements needed.

Our inspection of another MIU within the Health Board identified issues that required immediate assurance; some of these were replicated at Neath Port Talbot MIU. This identifies a lack of joint learning on behalf of the Health Board on the outcomes of a previous inspection.”

The Health Board has received the draft report for this inspection (22<sup>nd</sup> October 2018) , full details are listed in the correspondence summary below.

### **Sketty Road Dental Practice, Swansea**

Inspection date 15<sup>th</sup> October 2018.

A non-compliance notice was issued by HIW on 17<sup>th</sup> October 2018 for the following reasons:-

“HIW could not be assured that the practice was providing a clean, safe and secure environment, or that the premises were kept in a good state of repair externally and internally.

#### **Evidence**

- There was extensive dirt in both surgeries, with visible soiling and spillages on the walls, worktops and sinks which had not been cleaned. The clean and dirty sinks in both surgeries showed evidence that they had not been cleaned, despite only a small number of patients being treated on the day of the inspection. There were cobwebs in both surgeries and significant dust on the tops of pictures and clocks.
- Paperwork had been stored in open shelves within the surgery, and there was no evidence that this area had been cleaned.
- Within the rear surgery the cupboards and worktops were worn, rusty and damaged, inhibiting cleaning.
- There were no seals between the walls and the floor in either surgery.
- There was significant damage from damp on the walls of both surgeries. The front surgery exhibited “bubbling” walls and peeling wallpaper, and the rear exhibited significant cracks and disintegration of the wall in one open cupboard.

It was clear from the inspection that the level of cleanliness within both surgeries had been neglected for a significant period of time. This could have a serious impact on patients who are being put at risk of infection.”

Assurance was provided that on receipt of the notification to the Executive Nurse Director and the Primary and Community Services Delivery Unit immediate steps were taken to assess and manage the risk to patients and staff.

Once the immediate concerns had been raised with the Unit in, the Primary Care Team arranged for one of its Dental Practice Advisors [DPA] who is a practicing dental surgeon, to visit the Practice. This took place at 12 noon. On his return at approximately 15:30 hours the DPA, with the Dental Director and Unit Nurse Director shared the verbal report on the action plan he had agreed with the practice. Further, immediate action (immediate closure of one surgery) was agreed and conveyed to the dental practice by 17:00hrs.

An extensive action plan for the surgery has been agreed, and a new flow chart has been introduced regarding the highlighting of independent contractors inspections and the role of the Primary Care and Community Services Delivery Unit.

HIW accepted our immediate improvement plan on 26<sup>th</sup> October 2018. We await the full report.

### **Morrison Hospital Surgical Inspection**

Inspection date 23<sup>rd</sup> - 25<sup>th</sup> October 2018.

The immediate improvement letter states,

“An immediate improvement letter was issued regarding risk of developing a venous thromboembolism (VTE). We could not be assured that a safe and consistent approach to VTE risk assessment, re-assessment and associated prophylaxis was being used by medical and nursing staff.

The inspection team considered the arrangements for reporting, investigating and learning from patient safety incidents within theatres.

During the course of the inspection we identified that a clinical incident had occurred within theatres which resulted in an unexpected death and that this met the criteria for reporting to Welsh Government (WG) under the NHS Wales serious incident reporting requirements<sup>1</sup>. We discussed this with the Unit Nurse Director at the time who confirmed that the incident had not been reported to WG but provided a verbal assurance that action was being taken in response to the incident and that if necessary the incident would be reported (to WG).

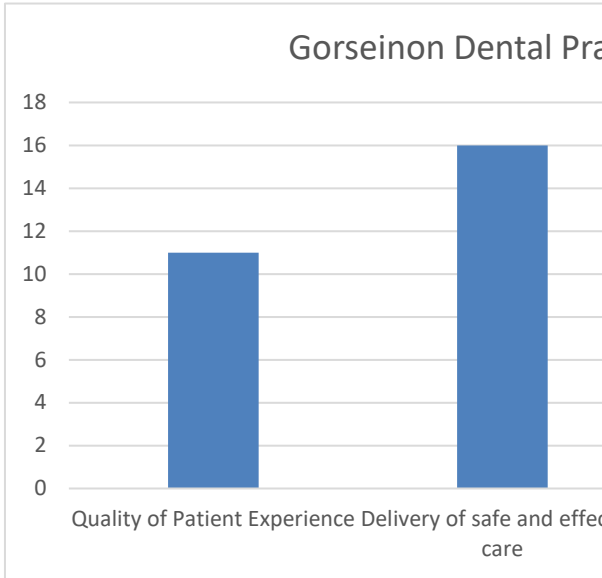
Whilst HIW are assured that this particular incident is being investigated, we require an update on the action taken to report this to Welsh Government (if appropriate) and assurance that there is a system to report serious patient safety incidents to Welsh Government in a timely manner (i.e. where possible within 24 hours of the incident taking place).”

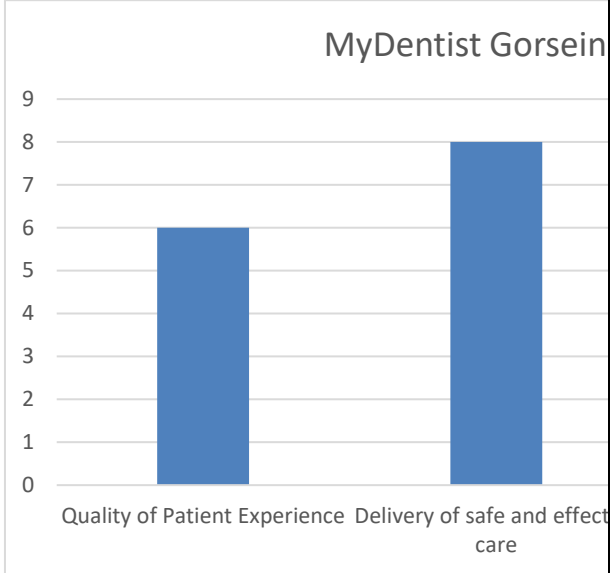
The Health Board has submitted an immediate improvement plan to HIW on 29<sup>th</sup> October 2018. We await HIW’s decision on whether it provides sufficient assurance.

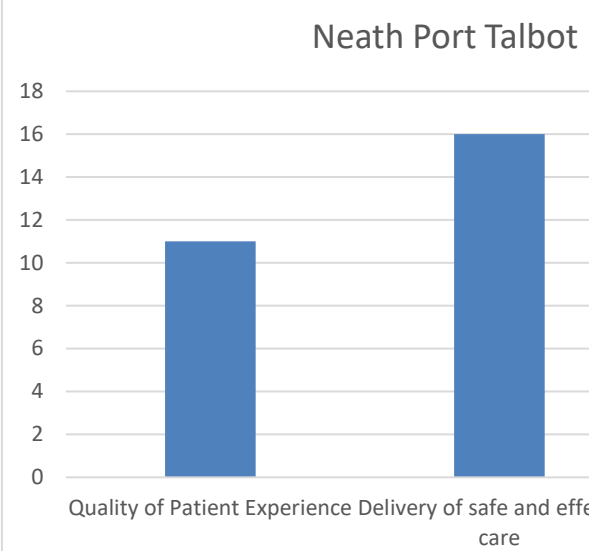
### **3. Healthcare Inspectorate Wales Reports and Improvement Plan Status**

The table below summarises the correspondence between the Health Board and HIW from 11<sup>th</sup> September 2018 to 10<sup>th</sup> November 2018.

<b>Correspondence Summary</b>	
<b>Date</b>	<b>Correspondence Details</b>
19.09.18	The Health Board received a letter not accepting the immediate Improvement plan regarding Tawe Clinic, Cefn Coed Hospital Swansea. The plan was updated and re submitted on 25th September 2018. HIW accepted the plan on 12th October 2018.
21.09.18	The Health Board received an immediate improvement letter regarding MIU Neath

	<p>Port Talbot Hospital. Three issues were raised.</p> <ol style="list-style-type: none"> <li>1. Checking of resuscitation trollies.</li> <li>2. PAT testing of equipment.</li> <li>3. The process for providing patients with a timely review of suspected fractures.</li> </ol> <p>The Health Board replied on 28<sup>th</sup> September 2018. HIW accepted the immediate improvement plan on 15<sup>th</sup> October 2018.</p>						
27.09.18	<p>The Health Board received the final report for Gorseinon Dental Practice – Closed. The recommendations re the subjects highlighted within the report are set out in the table below:-</p>  <table border="1" data-bbox="810 920 1415 1496"> <caption>Gorseinon Dental Pra</caption> <thead> <tr> <th>Subject</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Quality of Patient Experience</td> <td>11</td> </tr> <tr> <td>Delivery of safe and effective care</td> <td>16</td> </tr> </tbody> </table>	Subject	Value	Quality of Patient Experience	11	Delivery of safe and effective care	16
Subject	Value						
Quality of Patient Experience	11						
Delivery of safe and effective care	16						
28.09.18	<p>The Health Board replied to a letter from HIW asking for an update on the improvement plans from the inspections carried out at Learning Disability Units during 2016/17.</p>						
10.10.18	<p>The Health Board updated HIW on management of issues in Princess of Wales Hospital Bridgend. The letter focused on maintaining quality and safety during transition of Health Board boundaries.</p>						
15.10.18	<p>The Health Board received the final report for My Dentist Gorseinon – Closed. The recommendations re the subjects highlighted within the report are</p>						

	<p>set out in the table below:-</p>  <table border="1"> <caption>MyDentist Gorsein</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Quality of Patient Experience</td> <td>6</td> </tr> <tr> <td>Delivery of safe and effective care</td> <td>8</td> </tr> </tbody> </table>	Category	Score	Quality of Patient Experience	6	Delivery of safe and effective care	8
Category	Score						
Quality of Patient Experience	6						
Delivery of safe and effective care	8						
22.10.18	<p>The Health Board received the draft report for Neath Port Talbot Hospital MIU. The Health Board raised some issues of factual accuracy and completed the required improvement plan on 22nd October 2018. On 12th November HIW raised additional questions regarding the improvement plan which were replied to on 14th November.</p> <p>Immediately following the inspection the Delivery Unit set up a weekly improvement board which was able to action many of the HIW recommendations before receipt of HIW official correspondence. The board continues to meet weekly and the improvement plan is near completion. The last meeting included a “walk about” within MIU to ensure actions were in place as reported.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:-</p>						

	 <table border="1"> <caption>Neath Port Talbot M</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Quality of Patient Experience</td> <td>11</td> </tr> <tr> <td>Delivery of safe and effective care</td> <td>16</td> </tr> </tbody> </table>	Category	Value	Quality of Patient Experience	11	Delivery of safe and effective care	16
Category	Value						
Quality of Patient Experience	11						
Delivery of safe and effective care	16						
29.10.18	The Health Board received an immediate improvement letter regarding the inspection of Surgical Services in Morriston Hospital. The details of which are outlined above. The Health Board replied to the letter on 5th November 2018.						
29.10.18	The Health Board received a request from HIW re the health notes of a deceased prisoner of Parc Prison Bridgend, and a patient of the Health Board. The case is the subject of an inquest. The notes are being collated and will be sent when available.						
5.11.18	HIW accepted the Health Boards updated improvement plan regarding Morriston Emergency Department.						

#### 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

<b>Governance and Assurance</b>										
<b>Link to corporate objectives</b> (please ✓)	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	
			√						√	
<b>Link to Health and Care Standards</b> (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
		√								
<b>Quality, Safety and Patient Experience</b>										
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.										
<b>Financial Implications</b>										
No implications for the Committee to be notified of.										
<b>Legal Implications (including equality and diversity assessment)</b>										
No implications for the Committee to be notified of.										
<b>Staffing Implications</b>										
No implications for the Committee to be notified of.										
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>										
No implications for the Committee to be notified of.										
<b>Report History</b>		Standing agenda item for Quality and Safety Committee meeting. Last update received September 2018.								
<b>Appendices</b>		None								