



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7th June 2018		Agenda Item	6g
Report Title	External Inspections			
Report Author	Huw George, Patient Feedback Team			
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience			
Presented by	Angela Hopkins, Interim 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 correspondence received from inspectorates from 20 th March 2018 to 22 nd May 2018.			
Key Issues	<ul style="list-style-type: none"> • There have been no new inspections during the period. • A letter was received from HIW in regards to Minor Injury Unit (MIU) in NPTH re staff concerns • HIW have published several reports regarding ABMU on their website. • Phase 2 of community Mental Health thematic review will commence in June 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:</p> <p>Note the report</p>			

External Inspections

1. Situation

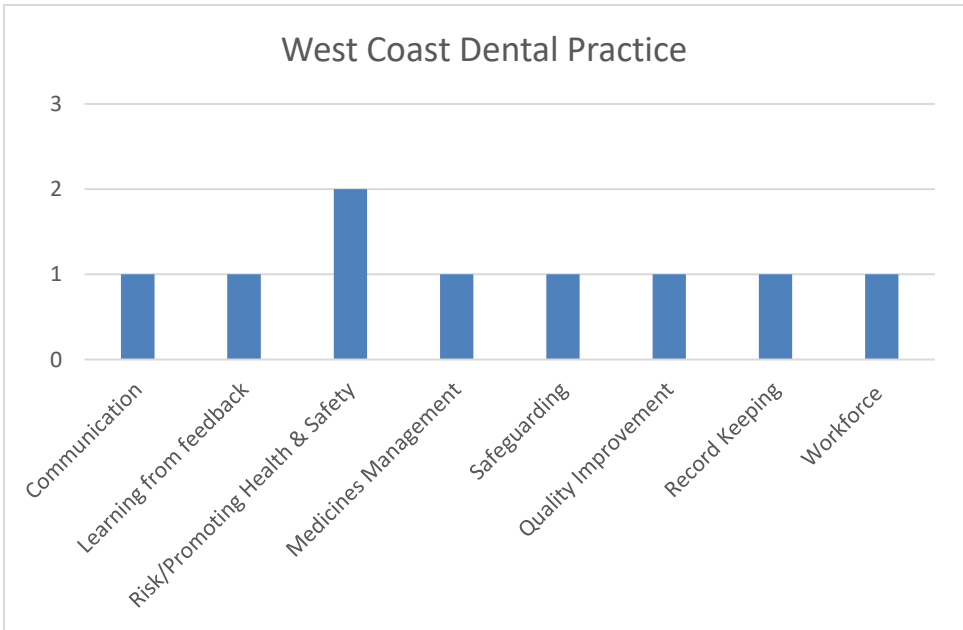
This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 20th March 2018 to 10th May 2018.

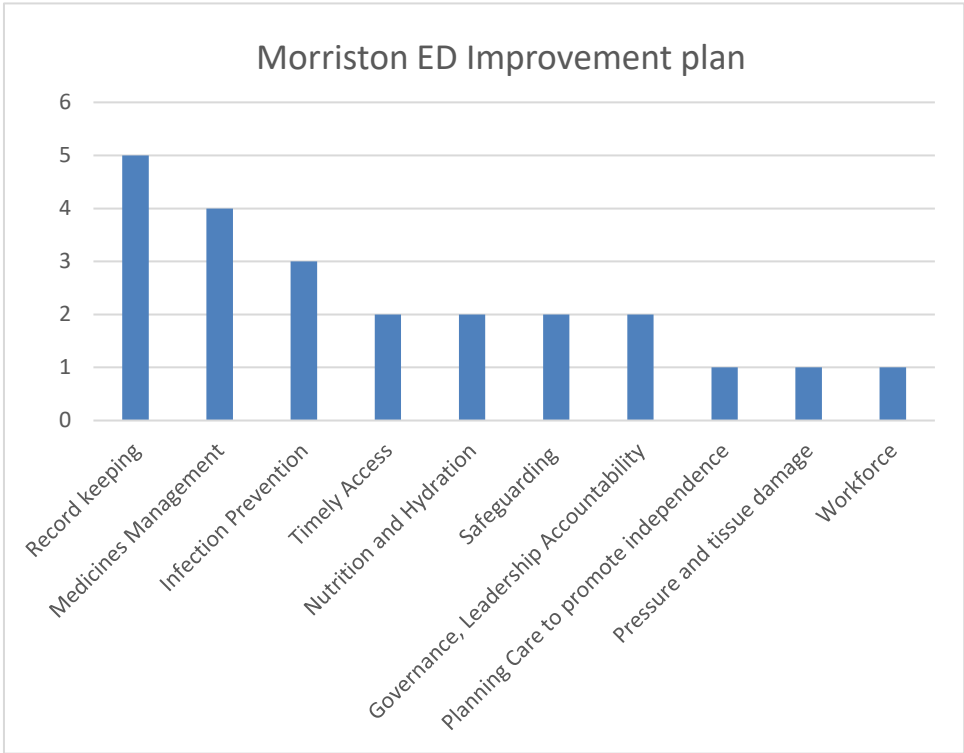
2. External Inspections

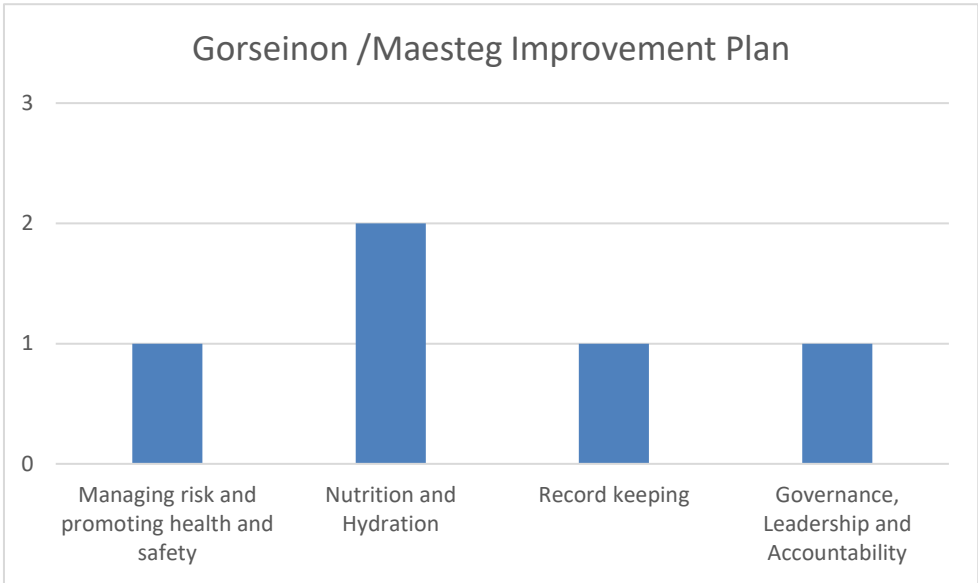
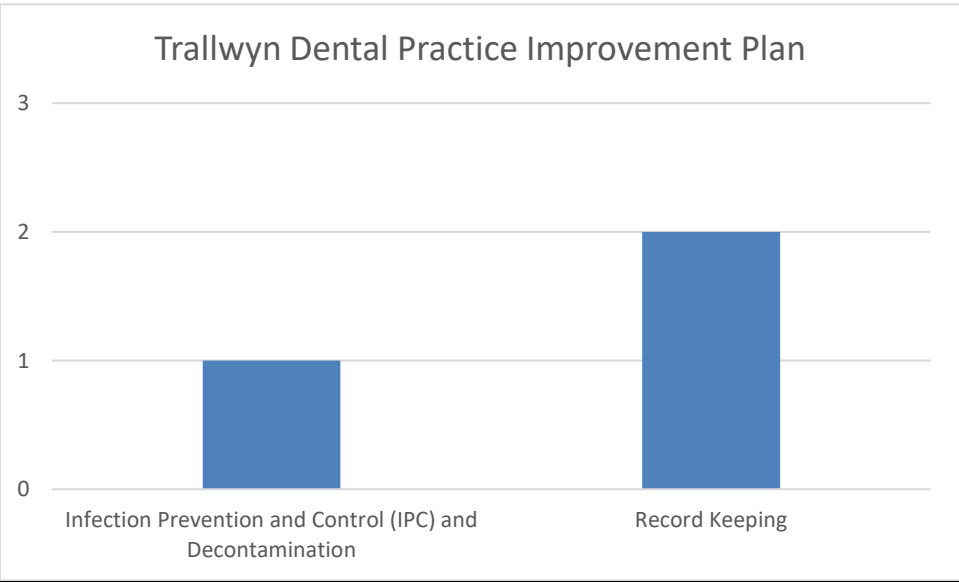
There have been no new inspections in the Health Board since the last report was submitted to the Committee.

3. Healthcare Inspectorate Wales Reports and Improvement Plan Status

The below table summarizes the correspondence between the Health Board and HIW from 23rd March to 9th May 2018.

Correspondence Summary																			
Date	Correspondence Details																		
23.3.18	Health Board replied to a letter from HIW regarding Bridgend Clinic, a Private Clinic based on the Princess of Wales Hospital (POWH) Site. The way complaints are dealt with was explained. It was noted a Senior Officer of HIW will now visit the Clinic. The HB are reviewing the governance arrangements for managing Bridgend Clinic.																		
25.3.18	<p>HIW sent a draft report and action plan regarding the unannounced visit to Tonna Hospital. Mental Health and Learning Disabilities Service Delivery Unit were required to submit the information by 10th April 2018. This was responded to on 6th April 2018. HIW accepted the improvement plan on 13th April 2018. No immediate concerns were noted and the actions being taken cover the issues set out in the below table:</p>  <table border="1"> <caption>West Coast Dental Practice</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Communication</td> <td>1</td> </tr> <tr> <td>Learning from feedback</td> <td>1</td> </tr> <tr> <td>Risk/Promoting Health & Safety</td> <td>2</td> </tr> <tr> <td>Medicines Management</td> <td>1</td> </tr> <tr> <td>Safeguarding</td> <td>1</td> </tr> <tr> <td>Quality Improvement</td> <td>1</td> </tr> <tr> <td>Record Keeping</td> <td>1</td> </tr> <tr> <td>Workforce</td> <td>1</td> </tr> </tbody> </table>	Category	Score	Communication	1	Learning from feedback	1	Risk/Promoting Health & Safety	2	Medicines Management	1	Safeguarding	1	Quality Improvement	1	Record Keeping	1	Workforce	1
Category	Score																		
Communication	1																		
Learning from feedback	1																		
Risk/Promoting Health & Safety	2																		
Medicines Management	1																		
Safeguarding	1																		
Quality Improvement	1																		
Record Keeping	1																		
Workforce	1																		

26.03.18	<p>Health Board replied to an immediate concerns letter regarding main Theatres and Ward 10 (POWH). On 13th April the Health Board received a letter from HIW stating that they were not assured with the action plan submitted and asked for further assurance on two issues. The timing of an audit regarding venous thromboembolism (VTE) risk assessment documentation was queried.</p> <p>The Service Delivery Unit following the immediate assurance letter expedited the audit. The second issue regarding how daily "Theatre Lists" are composed was also addressed, a detailed explanation was provided to HIW on an enhanced system for "Theatre Lists" was provided. Further assurance was given to HIW in a letter of 25th April with an amended action plan. This new plan was accepted in a letter dated 30th April by HIW - Closed.</p>																						
3.04.18	<p>Health Board received a letter accepting an improvement plan regarding Morriston Emergency Department. The full report will be published on HIW website on 18th April 2018. The Health Board will provide an update to HIW in October 2018 that the action plan is completed - Closed.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:</p> <div data-bbox="375 999 1343 1749">  <table border="1"> <caption>Morriston ED Improvement plan</caption> <thead> <tr> <th>Subject</th> <th>Number of Recommendations</th> </tr> </thead> <tbody> <tr> <td>Record keeping</td> <td>5</td> </tr> <tr> <td>Medicines Management</td> <td>4</td> </tr> <tr> <td>Infection Prevention</td> <td>3</td> </tr> <tr> <td>Timely Access</td> <td>2</td> </tr> <tr> <td>Nutrition and Hydration</td> <td>2</td> </tr> <tr> <td>Safeguarding</td> <td>2</td> </tr> <tr> <td>Governance, Leadership Accountability</td> <td>2</td> </tr> <tr> <td>Planning Care to promote independence</td> <td>1</td> </tr> <tr> <td>Pressure and tissue damage</td> <td>1</td> </tr> <tr> <td>Workforce</td> <td>1</td> </tr> </tbody> </table> </div>	Subject	Number of Recommendations	Record keeping	5	Medicines Management	4	Infection Prevention	3	Timely Access	2	Nutrition and Hydration	2	Safeguarding	2	Governance, Leadership Accountability	2	Planning Care to promote independence	1	Pressure and tissue damage	1	Workforce	1
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Planning Care to promote independence	1																						
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Workforce	1																						
4.04.18	<p>The Health Board received a draft report and action plan regarding the unannounced follow up visit to Maesteg and Gorseinon Hospitals. Primary Care and Community Service Delivery Unit are completing the action plan. This was sent to HIW for approval with some minor amendments for accuracy on 30th April 2018. The Health Board awaits HIW feedback.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:</p>																						

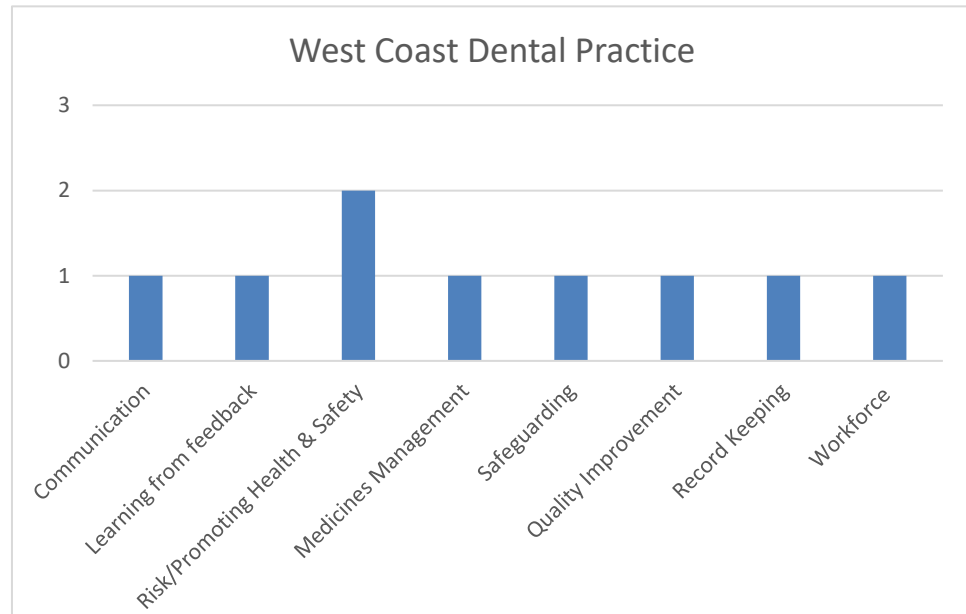
	<p style="text-align: center;">Gorseinon /Maesteg Improvement Plan</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Managing risk and promoting health and safety</td> <td>1</td> </tr> <tr> <td>Nutrition and Hydration</td> <td>2</td> </tr> <tr> <td>Record keeping</td> <td>1</td> </tr> <tr> <td>Governance, Leadership and Accountability</td> <td>1</td> </tr> </tbody> </table>	Category	Score	Managing risk and promoting health and safety	1	Nutrition and Hydration	2	Record keeping	1	Governance, Leadership and Accountability	1
Category	Score										
Managing risk and promoting health and safety	1										
Nutrition and Hydration	2										
Record keeping	1										
Governance, Leadership and Accountability	1										
10.04.18	<p>The Health Board wrote to update HIW on a query regarding a prisoner at Parc Prison who was the subject of a Clinical review. The letter described the Health Board's processes for sending out appointment letters and how "Did Not Attend" (DNA) patients are followed up – Closed.</p>										
13.04.18	<p>Health Board received the final report following a visit to Trallwyn Dental Practice on 19th February 2018. The report has been published on HIW web site – Closed.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:</p> <p style="text-align: center;">Trallwyn Dental Practice Improvement Plan</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Infection Prevention and Control (IPC) and Decontamination</td> <td>1</td> </tr> <tr> <td>Record Keeping</td> <td>2</td> </tr> </tbody> </table>	Category	Score	Infection Prevention and Control (IPC) and Decontamination	1	Record Keeping	2				
Category	Score										
Infection Prevention and Control (IPC) and Decontamination	1										
Record Keeping	2										
19.04.18	<p>Health Board received the final report following a visit to Manor Road Dental Practice on 19th February 2018. The report has been published on HIW web site.</p> <p>The recommendations re the subjects highlighted within the report are set out in the table below:</p>										

	<p style="text-align: center;">Manor Road Dental Surgery</p> <table border="1"> <caption>Manor Road Dental Surgery Scores</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Patient Information</td> <td>2</td> </tr> <tr> <td>Communicating Effectively</td> <td>1</td> </tr> <tr> <td>Listening from feedback</td> <td>1</td> </tr> <tr> <td>Risk and promoting health & safety</td> <td>2</td> </tr> <tr> <td>Medicines Management</td> <td>4</td> </tr> <tr> <td>Safe and Clinically Effective care</td> <td>1</td> </tr> <tr> <td>Record keeping</td> <td>1</td> </tr> </tbody> </table>	Category	Score	Patient Information	2	Communicating Effectively	1	Listening from feedback	1	Risk and promoting health & safety	2	Medicines Management	4	Safe and Clinically Effective care	1	Record keeping	1
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23.04.18	The Health Board received a letter from HIW outlining their plan and requirements for phase two of the “Joint Thematic Review of Community Mental Health” they are conducting with Care Inspectorate Wales. The phase will involve interviews with Senior Health Board staff and will take place mid-May to June 2018. Response was sent to HIW on the 23 rd May 2018 - Closed																
26.04.18	The Health Board received a letter from HIW outlining concerns from staff working in Minor Injuries Unit at Neath Port Talbot Hospital. The letter was passed to the Unit Nurse Director of Neath Port Talbot Service Delivery Unit for comments. A reply was sent to HIW on 10 th May 2018, advising that the senior management team in NPTH were aware of the concerns and these were being managed as per HR policies.																
19.04.18	The Health Board updated HIW with the situation regarding a complaint for Ward R at Morriston Hospital. A meeting took place with the Family, Community Health Council and the Head of Nursing for Surgical Services on the 16 th May 2018. It was agreed that an action plan would be developed and shared with the family by the end of June 2018.																
30.04.18	The Health Board replied to a letter from HIW following peer review of Gynaecological Services in POWH. The letter addressed two main issues. The appointment of a Clinical Nurse Specialist and the governance arrangements of the Acute Oncology Service in Bridgend. A reply was sent to HIW on the 18 th April 2018, the Health Board awaits HIW feedback.																

02.05.18

Health Board received the final report following a visit to West Coast Dental Practice on 19th March 2018. The report has been published on HIW web site – Closed.

The recommendations re the subjects highlighted within the report are set out in the table below:



02.05.18	<p>The Health Board received a draft report and action plan regarding the unannounced inspection to Calon Lan Detox Unit at Neath Port Talbot Hospital. Mental Health and Learning Disabilities Service Delivery Unit are completing the action plan. The response was sent to HIW on the 22nd May 2018 - Closed. The recommendations re the subjects highlighted within the report are set out in the table below:</p> <div data-bbox="379 448 1343 1086"> <p style="text-align: center;">Calon Lan Detox Unit Improvement Plan</p> <table border="1"> <thead> <tr> <th>Subject</th> <th>Number of Recommendations</th> </tr> </thead> <tbody> <tr> <td>Dignified Care</td> <td>1</td> </tr> <tr> <td>Managing risk and promoting health and safety</td> <td>9</td> </tr> <tr> <td>Medical devices, equipment and diagnostic systems</td> <td>3</td> </tr> <tr> <td>Safe and Clinically Effective care</td> <td>2</td> </tr> <tr> <td>Record Keeping</td> <td>1</td> </tr> <tr> <td>Governance, Leadership and Accountability</td> <td>4</td> </tr> </tbody> </table> </div>	Subject	Number of Recommendations	Dignified Care	1	Managing risk and promoting health and safety	9	Medical devices, equipment and diagnostic systems	3	Safe and Clinically Effective care	2	Record Keeping	1	Governance, Leadership and Accountability	4
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Record Keeping	1														
Governance, Leadership and Accountability	4														

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
- Provide feedback on the new structure of the report

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
			✓				✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓					
Quality, Safety and Patient Experience							
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.							
Financial Implications							
No implications for the Board to be notified of.							
Legal Implications (including equality and diversity assessment)							
No implications for the Board to be notified of.							
Staffing Implications							
No implications for the Board to be notified of.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
No implications for the Board to be notified of.							
Report History	Standing agenda item for Quality and Safety Committee meeting. Last update received April 2018.						
Appendices	No appendices						