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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 22 November 2022 | | Agenda Item | |
| Report Title | External Inspections Report | | | |
| Report Author | Neil Thomas, Assistant Head of Risk & Assurance | | | |
| Report Sponsor | Hazel Lloyd, Interim Director of Corporate Governance | | | |
| Presented by | Neil Thomas, Assistant Head of Risk & Assurance | | | |
| Freedom of Information | Open | | | |
| Purpose of the Report | 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. | | | |
| Key Issues | <ul style="list-style-type: none"> • HIW inspections have taken place in Morriston Emergency Department and Dan Danino Ward. The report in respect of the latter has been finalised by HIW and action agreed. Following the inspection at ED Morriston, immediate improvements were required – these have been agreed with HIW and an update is provided with this report. A draft HIW report containing broader findings of that inspection has been received and the health board is currently considering its improvement actions in order to respond in November. • HIW requested progress updates on two previous inspections/reviews: Learning Disabilities service (21160) and Singleton Radiotherapy IR(ME)R compliance (21053). These were provided and have been accepted by HIW. • The Mental Health & Learning Disabilities service group will be reviewing progress against the agreed actions of the HIW report National Review of Mental Health Crisis Prevention in the Community (Mar 2022) shortly, via its quality & safety group. Interim notes on key actions have been provided in the interim. • The national response coordinated by EASC, to the HIW Report on Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover has been received. Health Board updates on local action are being provided to EASC, coordinated by the Morriston Service Group Director. • The development of Learning Briefs has been reinstituted and an annual newsletter capturing learning from 2021/22 HIW reviews produced. | | | |
| Specific Action Required (please choose one only) | Information | Discussion | Assurance | Approval |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | |
|------------------------|--|
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update in relation to external reviews and the health board responses to issues raised. • CONSIDER any areas requiring further assurance. |
|------------------------|--|

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 it is clear how risks and assurances arising from these are captured and reported.

3. NEW REPORTS RECEIVED – HIW

3.1 Health Board Services – Final Reports & Agreed Improvement Plans

3.1.1 Morrison Hospital: Dan Danino Ward

Following an unannounced HIW inspection of the above on 25 & 26 May & 1 June 2022, the final report was published by HIW on 30th August 2022. The report findings are summarised below:

Quality of Patient Experience:

Feedback from patients about the services they received was very positive. Patients spoken with during the inspection were very satisfied with the care and treatment received on the ward. Patients said that staff were kind and caring. HIW observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. There were a number of information boards on the ward that helped patients understand their care and treatment.

This is what the service did well:

- Very positive feedback from patients about the services they had received
- Staff supported patients in a dignified and respectful manner with good interactions observed between staff and patients.

This is what HIW recommended the service could improve:

- Publicising the Welsh language 'active offer' to patients.

Safe and Effective Care:

HIW noted efficient and effective arrangements were in place for medicines management and mandatory checks were completed on resuscitation equipment. Staff were evidently committed to providing patients with safe and effective care. The wards were well maintained, clean and tidy and arrangements were in place for infection prevention and control. There was clear evidence that the ward was safe and provided clinically effective care.

This is what the service did well:

- The new pre-assessment process on the ward to ensure that patients can be admitted on the day of surgery
- Medicine management was generally of a high standard.

This is what HIW recommended the service could improve:

- Complete cardiac telemetry sheets for relevant patients
- Carry out intentional rounding on the ward.

Quality of Management and Leadership:

HIW found evidence of good teamwork and support. Staff were professional and committed to delivering a high standard of patient care. Staff said that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective. Overall, feedback from staff indicated that they were happy with the level of support and engagement from both their immediate and senior managers. HIW found that management and leadership was focused and engaged with the inspection process.

This is what the service did well:

- Mentoring and training of student nurses
- Training opportunities for staff
- Clear management and leadership on the ward.

This is what HIW recommended the service could improve:

- Mandatory training compliance levels.

An improvement plan was agreed and accepted to address matters raised. The report and improvement plan are attached at **Annex 2**.

3.2 Health Board Services – HIW Reports for Response

3.2.1 Morrison Hospital Emergency Department (Unannounced Inspection)

Healthcare Inspectorate Wales (HIW) visited Morrison Hospital Emergency Department on 5-7 September 2022. HIW found areas of concern which could pose an immediate risk to the safety of patients and sought immediate assurance that action would be taken to address them pending issue of its formal report.

In response to this an Immediate Improvement Plan was developed by the Morrison Service Group and, following review by the Chief Executive, and approval by the Chief Operating Officer, it was submitted in September. HIW accepted the Immediate Improvement Plan and requested an update against the action plan before 22nd December 2022.

The Chief Executive has requested that progress against the plan be reported to and monitored through the Quality Management Board during November and December. Additionally, the Chief Operating Officer, Executive Medical Director and Executive Director of Nursing have been asked to regularly discuss progress against the action plan to ensure the actions being taken are having a positive impact on patient care/the service and if not, to consider what further actions need to be taken to support the service. Weekly dialogue with the Chief Operating Officer on the progress to remove barriers and constraints has been requested and regular weekly updates and communication on improvements in the plan identified for the organisation.

Arrangements are in place to provide HIW with assurance regarding the same in line with HIW's timescales. A draft position on action taken to date has been provided by the Service Group (**Annex 3**) for QSC information. This will be reviewed shortly within the service group.

The health board has subsequently received HIW's formal draft report following the inspection. Its broader findings are summarised as follows:

Quality of Patient Experience – Overall summary:

Patients were not always receiving the experience that they should expect. This is because of a lack of timely care and treatment, despite constant efforts demonstrated by the health board to increase patient flow. However, patients were generally happy with the care provided by staff once they were seen. The environment was not conducive of maintaining patient privacy and dignity due to the number of patients accessing the service. HIW observed staff making efforts to maintain this, despite the limited space available.

This is what HIW recommended the service can improve:

- Review the use and availability of suitable seating
- Patient privacy and dignity.

This is what the service did well:

- We observed staff speaking with patients in a polite, professional and dignified manner
- Patients expressed the view that they were generally happy with the way staff interacted with them.

Safe and Effective Care - Overall summary:

Patients were generally receiving a safe service, but this was negatively impacted upon by the lack of timely care and treatment at times due to poor patient flow within the department and wider hospital. Aspects of infection prevention and control (IPC) need to be reviewed to ensure that risks to staff, patients and visitors are eliminated or minimised.

HIW had a number of concerns in relation to nutrition within the ED which must be reviewed due to the periods of time patients remain in the department and wider hospital.

HIW concerns were escalated through the HIW immediate assurance process:

- HIW found that patients were not always triaged, reviewed, or treated in a timely manner. *(An SBU Immediate Improvement Plan has been agreed to address this.)*

This is what HIW recommended the service can improve:

- Paediatric nurse staffing levels
- Aspects of infection prevention and control
- Patient nutrition
- Aspects of record keeping.

This is what the service did well:

- Link Nurse initiatives, for example bereavement and safeguarding specialists
- Certain patient pathways, e.g. Older Persons Assessment Service (OPAS).

Quality of Management and Leadership – Overall summary:

Overall HIW found that staff in all roles were committed to providing a good level of care despite the pressures. Clinical and non-clinical management teams made efforts to provide appropriate support and to maintain effective running of the ED and assessment areas. Staff responses to the HIW questionnaire were mixed and the health board is strongly encouraged to ensure that staff have appropriate channels of communication in which to provide feedback.

This is what HIW recommended the service can improve:

- Staffing shortfalls and skill mix
- Aspects of staff training and development.

This is what the service did well:

- ED staff expressed positive views regarding Band 7 leadership and immediate line manager support.

Management are developing an improvement plan to submit to HIW in November. A copy of the report and improvement plan will be brought to a future 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: Ty Gwyn Dental Practice, Swansea

(Activity date: 10 August 2022. Publication date: 28 September 2022)

No improvements required

Quality Check: Llangyfelach Dental Practice

(Activity date: 8 August 2022. Publication date: 26 September 2022)

No improvements required.

Quality Check: St Teilo Dental Centre

Activity date: 20 July 2022. Publication date: 08 September 2022)

Two recommendations were made relating to training – both recorded as complete in the published report.

4. PROGRESS AGAINST ACTION PREVIOUSLY AGREED

4.1 Health Board Directly Managed Services

The below table summarised the overall status of actions agreed for those services with actions remaining open (more detail is provided at **Annex 1**):

| Number of Recommendations | Number of Actions Agreed | Number of Actions Completed | Number of Actions Ongoing | Number of Actions Overdue |
|---------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|
| 99 | 180 | 96 | 84 | 80 |

All services have been asked to send updates on any open HIW improvement plans to the Risk & Assurance team by the first Friday of any month for assurance on progress to be incorporated in the table for that month's update report.

4.1.1 Learning Disabilities Service (HIW 21160) – Progress Update

In addition to internal monitoring above, a letter and updated improvement plan reflecting progress against the actions agreed following the inspection in Learning Disabilities in March 2022 was provided to HIW in September 2022 (attached at **Annex 4**). Feedback was received in October indicating the HIW accepted the update.

4.1.2 IR(ME)R inspection: Radiotherapy Service at Singleton (HIW 21053) – Progress Update

In September 2022, HIW requested an update on actions following the above inspection. A letter and updated improvement plan were submitted provided in October (attached at **Annex 5**). Feedback has just been received, confirming HIW accepted the update.

5. OTHER HIW REVIEWS INCLUDING NATIONAL/JOINT REVIEWS

National reviews and those requiring a joint response with partners are not included in sections above, but set out below:

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

Following the review of the above arrangements during 2021/22, HIW published its report on 30th June 2022. The HIW report was included with the last update paper to the Committee. Since then, the Primary Care & Therapies Service Group working with partners in the prison service, local authority and Public Health, coordinated the development of an improvement plan which was submitted on 26th August under covering letter from the Chief Executive to HIW. The Primary Community & Therapy Service Group has presented its improvement plan to a previous meeting of the Committee. Since then HIW responded accepting the plan and indicating that as part of the follow-up process it will contact the health board again in January/February 2023, for an update on actions.

It has been agreed that a formal progress update will be submitted to the next scheduled Prison Partnership Board meeting in December 2022. This will inform reporting to this Committee and the subsequent update to HIW when that request is received.

5.1.2 National Review of Patient Flow (Stroke Pathway)

As part of the HIW national review of Patient Flow, focusing on the stroke pathway, HIW conducted an onsite visit at Morriston Hospital on 26-28th April 2022. As previously reported, 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. The terms of reference indicate that the anticipated publication date of the national report is November – December 2022.

HIW feedback is awaited. There has been no update since this was last reported.

5.1.3 National Review of Mental Health Crisis Prevention in the Community (March 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. 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 26th May 2022. 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.

Management within Mental Health & Learning Disabilities are due to receive a full update at their local quality & safety meeting shortly. The service has indicated in the interim that the following actions have been completed/measures are in place:

- 111 press 2 went live 1st August 2022.
- The public have direct access to a mental health professional who is able to advise, support and at times offer direct intervention to resolve that person's mental health issue. This service provides a single point of entry into MH services. A dedicated professional line is also available to, police, GP's and other professionals.

- Currently developing a web page – Sorted and Supported linking and mapping out 3rd sector services available to users of mental health services.
- Development of the Sanctuary services in Neath & Port Talbot area.

A further update will be provided to a future meeting.

5.1.4 National Review of Maternity Services (Nov 2020)

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 for remaining 15 open actions have been refreshed in November: all remaining actions are targeted for completion by the end of March 2023, and 8 of these expect to be completed in December 2022. As part of the update, the service has indicated that while participation of all staff in PROMPT training was marked complete originally, management review of the current position is that this is not achieved currently due to the cancellation of PROMPT sessions and critical midwifery staffing levels. However, training has resumed and the CPD lead will prioritise those out of compliance for training.

Further updates will be brought to a future meeting.

5.1.5 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. The health is now represented at this group by colleagues in the Strategy Directorate.

EASC has developed a single action plan in response to the report. A copy is attached at **Annex 6**. To inform progress reporting, EASC has sought information from every partner organisation in respect of local action taken/in progress in respect of recommendations 6, 8, 9, 11, 12 and 13.

Noting the passage of time and changes within the health board, a new senior lead has been sought for coordination of updates on this work going forward. The Morriston Service Director agreed to oversee coordination of the response via the Directorate Manager for ECHO and an update has been received and forwarded to colleagues in EASC.

6. LEARNING FROM INSPECTION

We have reinstituted the development and distribution of Learning Briefs following HIW inspection reports. The first have been prepared following the updates on Learning Disabilities Service (HIW 21160) and the IR(ME)R inspection: Radiotherapy

Service at Singleton (HIW 21053). These have been appended at **Annex 7** for QSC information.

Additionally, a summary of HIW activity within the health board during 2021/22 and the improvements required following their reviews has been prepared in an Annual Newsletter format. A copy is appended at **Annex 8**.

7. UPCOMING & RECENT REVIEWS BY OTHER EXTERNAL BODIES

This section is still in development. The current schedule of reviews is indicated below:

| Date of Planned Inspection/Audit | Date of Previous Inspection/Audit | Service Group | Directorate/Service | Focus of Inspections |
|----------------------------------|--|------------------------|--|---|
| 25/05/2022 | No Previous | Morrison | Cardiology | Dan Danino Cardiac Ward |
| April/May 2023 | 01/04/2022 | NPTSSG | MPCE - Rehabilitation Engineering Unit | ISO 13485 Quality Management System. Auditor may give some general topics beforehand. |
| Approx Sept 2023 | 01/09/2022 | NPTSSG | Pharmacy | DGM (97)5 External Audit of Unlicensed Pharmacy Aseptic Preparation |
| | 30/04/2021 | NPTSSG | MPCE - Medical Equipment Management | The Management and Maintenance of Hospital Controlled Medical Equipment |
| | 17/09/2021 | NPTSSG | MPCE - Radiotherapy Physics | The provision of radiotherapy treatment planning, dosimetry, imaging, quality assurance and the governance of radiotherapy to treat patients. The commissioning of all radiotherapy connected appropriate treatment. |
| | 12/10/2021 28/09/2021 & 29/09/21 | NPTSSG | Radiotherapy | The delivery of radiotherapy treatment from new patient referral to patient discharge'. |
| | 18/01/2021 | NPTSSG | Laboratory Medicine | Blood compliance reported annually to MHRA and risk rating determines if inspection is triggered. |
| | 24/06/2020 | NPTSSG | WFI | HFEA Licence [both WFI sites with annual inspection] Cardiff and Neath Port Talbot UKAS ISO 15189 Laboratory Accreditation [both laboratories Cardiff and Singleton annual assessment] ISO 9001 QMS [annual assessment] |
| | Pre assessment Visit from JAG Assessor Nov 2019 | NPTSSG | Endoscopy | |
| | 2/3 March 2021 - Annual Surveillance Audit 24/09/21 - UKCA Transition Audit | Morrison Service Group | HSDU | |

| Date of Planned Inspection/Audit | Date of Previous Inspection/Audit | Service Group | Directorate/Service | Focus of Inspections |
|----------------------------------|-------------------------------------|------------------------|----------------------|---|
| | December 2018 - PTS MHRA Inspection | NPTSSG | Pharmacy | |
| | 28/29 September 2021 | Morrison Service Group | Diagnostic Radiology | How the Service complied with the Ionising Radiation (Medical Exposure) Regulations 2017 and How the service met the Health & Care Standards 2015 |

8. 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.

9. 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.

10. 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 | | |
|---|---|-------------------------------------|
| Link to Enabling Objectives (please choose) | Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities | |
| | 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"/> |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | |
| | 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> | | |
| Report History | This is report has been prepared directly for the Committee | |
| Appendices | <p>Annex 1: Progress Against Action Previously Agreed Annex 2: Morriston Dan Danino Report Annex 3: Morriston ED Draft Update on Immediate Improvement Plan Annex 4: Learning Disabilities (21160) Update Annex 5: Singleton Radiotherapy IR(ME)R (21053) Update Annex 6: HIW Ambulance Handover update - EASC Annex 7: Learning Briefs Annex 8: Annual Newsletter</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 |
|----------------------|---|---------|-------------------|--------------------|----------------------|---------------------|---------------------|--|
| Jan 2020 | Morrison Hospital Paediatric Services | 19260 | 30 | 26 | 22 | 4 | 4 | <p>Remaining actions to be confirmed are:</p> <ul style="list-style-type: none"> • Consider ward layout and dignity of patients/parents/carers • Emergency Bell needs to be heard across the ward • Provision of EPALS/PILS (life support) training • Ensure all staff have timely annual appraisals <p>Oct 2022: No update since last meeting.</p> |
| Mar 2021 | Morrison Emergency Department | 20085 | 9 | 34 | 30 | 4 | 4 | <p>Remaining actions to be confirmed are:</p> <ul style="list-style-type: none"> • Move from Waterlow Score to Purpose-T for assessment & management of tissue damage • Complete PADRs for all staff • Establish future process for PADR to ensure compliance • Develop workforce plan <p>Oct 2022 Update: The HIW draft report following its more recent ED inspection has been received and an improvement plan is being developed within Morrison currently. Actions remaining here will be reviewed against that plan and updated accordingly.</p> |
| Jun 2021 | Morrison Childrens' Emergency Unit | 21008 | 11 | 44 | 30 | 14 | 14 | <p>Oct 2022 Update: The HIW draft report following its more recent ED inspection has been received and an improvement plan is being developed within Morrison currently. Actions remaining here will be reviewed against that plan and updated accordingly.</p> |
| 28-29 September 2021 | Hospital Onsite IR(ME)R inspection – Radiotherapy | 21053 | 15 | 15 | 14 | 1 | 0 | <p>All actions complete with one remaining to be confirmed:</p> <ul style="list-style-type: none"> • Employer Procedure document review by 31/9/23 |

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 |
|---------------------|---------------------------|---------|-------------------|--------------------|----------------------|---------------------|---------------------|---|
| | Service at Singleton. | | | | | | | Oct 2022: The service indicates that the remaining action is on track. |
| 16-18 Mar 2022 | Cefn Coed Hospital (Tawe) | 21193 | 21 | 36 | 0 | 36 | 35 | <p>Oct 2022: The updated action plan reflecting progress will be going to the MHL D Q&S meeting shortly. In the interim, the service has advised progress in respect of increased provision of physical exercise; increased access to fresh air following completion of works; work complete to improve the visiting room. The previous smoking room is being repurposed as quiet space and the anti-ligature programme in the Clinic is nearing an end. The actions that remain outstanding include the installation of an alarm system, the finances regarding this are to be considered further and therefore, an interim position is being worked through; the catering menu is still being reviewed as this requires further linking with the Health Board catering teams; there is training for Mental Health Act paperwork to be scheduled and will be delivered by the Mental Health Act Team to ensure the consent to treatment certificate is referred to appropriately.</p> <p>Progress figures will be updated when the updated plan is signed off.</p> |
| 25 May - 1 Jun 2022 | Dan Danino | 22034 | 12 | 12 | 0 | 1 | 11 | Oct 2022: An update on actions has been prepared within Morriston and will be reviewed shortly via the Service Group assurance process. Figures reflect position on actions as open currently, but will be updated when the update has been finalised. |

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 |
|--------------------|---|---------|-------------------|--------------------|----------------------|---------------------|---------------------|---|
| 5-7 September 2022 | Morrison Emergency Dept (Immediate Assurance) | 03129 | 1 | 13 | 0 | 1 | 12 | Oct 2022: An update on actions has been prepared within Morrison and will be reviewed shortly via the Service Group assurance process. Figures reflect position on actions as open currently, but will be updated when the update has been finalised. The draft update has been included in papers for Committee members information. |