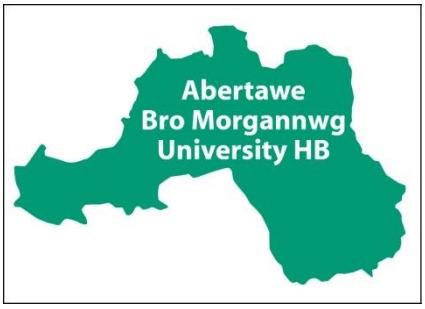
Abertawe Bro Morgannwg University Health Board Annual Report from Healthcare Inspectorate Wales 2014-15

Relationship Manager: Alun Jones
Healthcare Inspectorate Wales
Tel: 0300 062 8382

Purpose



Healthcare Inspectorate Wales (HIW) is the lead independent inspectorate for healthcare in Wales. Its purpose is to provide independent and objective assurance on the quality, safety and effectiveness of healthcare services making recommendations to healthcare organisations to promote improvements.

This annual report has been produced by HIW as a summary of the activity that HIW carried out between 1 April 2014 and 31 March 2015 in Abertawe Bro Morgannwg University Health Board.

The outcomes we seek to influence as a result of our activity within this and other health boards/trusts are that:

- Citizen experience of healthcare is improved
- Citizens are able to access clear and timely information on the quality, safety and effectiveness of healthcare services in Wales
- Citizens are confident that inspection and regulation of the healthcare sector in Wales is sufficient, proportionate, professional, co-ordinated, and adds value.

Overview

During 2014-15 HIW focussed its inspection programme to create broad coverage across the NHS by type of setting and speciality. During this year HIW has conducted 28 visits to Abertawe Bro Morgannwg University Health Board settings, these include 6 Dignity and Essential Care Inspections (DECI), 14 dental inspections, 4 GP inspections, two Mental Health Unit inspections, one Mental Health Act visit and one Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection. HIW has also undertaken five death in custody investigations.

In the independent sector, HIW has conducted nine visits to the Abertawe, Bro Morgannwg area; these include one Mental Health Unit inspection, one Mental Health Act visit and seven laser clinic inspections.

Key Themes

The following key themes were picked up during inspections during 2014-15.

- Patients contributing to HIW's dignity and essential care inspections and inspections of dental and GP practices have indicated they are, overall, very satisfied with the care they have received
- Generally, staffing levels on wards within general hospitals have been appropriate to meet the presenting needs of patients
- There has been an inconsistent approach by staff to the completion of care and risk assessment documentation used on hospital wards. Whilst observations during DECIs have indicated regular care interventions by staff, written care documentation has not always supported this
- Further awareness of the Mental Capacity Act is needed amongst staff working within general hospitals
- Staff working within general hospitals require more specific training on the care of older persons
- Concerns (complaints) procedures within dental and GP practices have not been compliant with the *Putting Things Right* arrangements.

We undertook mental health unit inspections at the Cefn Coed and Princess of Wales Hospitals. A Mental Health Act Visit was undertaken at Neath Port Talbot Hospital (Ward F). Key findings emerging were as follows:

- A workforce that is committed to delivering excellent care
- The quality of patient environment was variable, requiring urgent attention in some cases
- Inadequate staffing levels on some wards
- Variable rates of staff attendance on mandatory training, with poor attendance by staff at Princess of Wales (Ward 14 and Psychiatric Intensive Care Unit)
- An inconsistent experience for patients in relation to food, with some patients regularly fed the same meals
- Issues with staff call alarms, potentially impacting on staff safety
- Concerns in relation to governance and audit processes particularly around staffing levels and maintenance of the ward environment
- The statutory documentation seen on Ward F, Neath Port Talbot Hospital, was compliant with the Mental Health Act.

Noteworthy Practice

A number of noteworthy practices were identified during the course of our inspections. Some of these are highlighted below.

- The *If you See It – Say It* is a highly visible initiative that encourages people to report concerns about poor care. It provides a number of ways to do this, with the option of doing this confidentially
- The health board has also introduced the Patient Advisory Liaison Service (PALS). This service operates five days per week, providing advice and support to patients to help them resolve concerns they may have about care and treatment received
- A joint school forms part of the pre assessment service for patients receiving elective joint replacement surgery. Patients are told about what to expect before and after surgery with the intention of reducing inpatient hospital stays and post surgery complications.

Governance and Accountability

The self assessment conducted and submitted by Abertawe Bro Morgannwg University Health Board for 2013-14 indicated that the organisation had developed a medium term plan and was undertaking a number of improvement activities through its Changing for the Better programme. The Board monitors progress against improvement plans through its committees and there is evidence of staff involvement in improvement projects. The Board appears to be promoting an open, quality focused culture, but recognises that more needs to be done to in some areas including embedding organisational learning.

Engagement

In August 2014, HIW's Relationship Manager and Clinical Director met with Abertawe Bro Morgannwg University Health Boards' Director of Nursing to discuss HIW's remit and approach to delivering Dignity and Essential Care Inspections. In December 2014, HIW's Chief Executive, Kate Chamberlain, along with the Relationship Manager met with the Chief Executive and Chair in December 2014. This visit was part of a programme of liaison meetings, providing HIW with an opportunity to raise any issues with health boards, to discuss future programmes of work and to gain feedback on any issues relating to the way HIW conducts its work.

Special Reviews and Investigations

During 2014-15 HIW contributed to five (two self-inflicted and three natural causes) death in custody reviews relating to HMP Parc. HIW's main finding from these reviews were that hospital appointments were missed or cancelled because of non-availability of prison escorts. It was recommended that the chasing up of these hospital appointments should be the responsibility of the referring medical staff to ensure that prisoners' appointments were rescheduled. The relationship between HMP Parc and the Princess of Wales Hospital in Bridgend has improved.

HIW have found that the palliative care provided by HMP Parc is exemplary and could be used as a model for other prisons to learn from.

An upper gastrointestinal cancer peer review took place on 18th September 2014 and as a result it was necessary for HIW to write to the health board to outline a number of immediate concerns. These concerns included:

- A lack of substantive progress on surgical reconfiguration plans including lack of close working between principle surgeons on a future clinical service model
- Lack of clinical leadership
- No assurance that objectives were agreed or shared for the service or evidence that teams were meeting regularly to discuss outcome or quality issues.

In relation to these issues, HIW and the South Wales Cancer Network received acknowledgement of the issues raised and assurance from the health board that progress was being made in tackling these matters. The emergence of strong clinical leadership was noted and the desire to resolve the long standing and challenging issue of Upper GI Cancer service delivery. In September 2014, the in-committee meeting of the full Health Board agreed proposals for a process to develop and agree a new service model with clear standards and outcomes based on an assessment of demand.

Follow Up and Immediate Assurance

Follow Up

HIW issued a report following each inspection, with each report containing a plan that makes recommendations for improvement. In all cases the health board or practices submitted timely improvement plans setting out their responses to recommendations therein. Each response was individually evaluated and found to provide HIW with sufficient assurance. This was because the improvements identified had either been addressed and or there was evidence to demonstrate that progress was being made in response to the recommendations.

HIW will continue to monitor the progress that health boards or practices make in addressing any recommendations made as a result of its inspection activity. Where actions within improvement plans remain outstanding and/or in progress, there is also an expectation that the health board or practice will provide HIW with updates, to confirm when these matters have been addressed.

Immediate assurance

No immediate assurance letters have been issued as a result of dignity and essential care inspection activity. HIW issued two immediate assurance letters in relation to mental health unit reviews carried out at Princess of Wales and Cefn Coed Hospitals. These letters were responded to in a timely way. The issues raised were as follows:

Cefn Coed Hospital:

- The absence of adequate staffing levels and security to ensure patient and staff safety
- A broken fire door which had been locked.

Princess of Wales Hospital

- Insufficient staffing levels to maintain safe levels of care
- Concerns around a specific patient for which there was inadequate recording of fluid intake and a care and treatment plan which did not adequately address the area of diabetes and an absence of any care strategy in relation to this area.

HIW received and evaluated responses to both immediate assurance letters and was assured that suitable action was being taken to address and learn from the issues raised.

Inspection Activity

National Health Service

Inspection Type	Location and linked report	Date
Dignity and Essential Care Inspections	Gorseinon Hospital	17/09/2014
	Princess of Wales Hospital	17/10/2014
	Neath Port Talbot Hospital	23/10/2014
	Morriston Hospital	26/11/2014
	Singleton Hospital	14/01/2015
	Princess of Wales Hospital	17/02/2015
Dental inspections	Belgrave Dental Practice (Pilot inspection)	20/08/2014
	Swansea Orthodontic Practice	02/10/2014
	Victoria Road Dental Practice	20/10/2014
	Park Street Dental Practice	04/12/2014
	West Cross Dental Practice	10/12/2014
	Cwmdulais Dental Centre	21/01/2015
	Porthcawl Dental Care	26/01/2015
	Townhill Dental Surgery	30/01/2015
	IDH Forge Road Dental Practice	05/02/2015
	Woodlands Dental Practice	23/02/2015
	IDH Killay Dental Practice	23/02/2015
	Vale View Dental Care	24/02/2015
	Eastside Dental	09/03/2015
	22 Dental	11/03/2015
GP inspections (Inspection reports are not being published as agreed)	Killay Surgery	10/11/2014
	Ty'r Felin Surgery	12/11/2014
	Dulais Valley Primary Care Centre	03/12/2014
	Ogmore Vale Surgery	11/12/2014
Investigation – Death in Custody	HMP Parc (MP)	01/05/2014
	HMP Parc (GJ)	27/06/2014
	HMP Parc (NM)	16/07/2014
	HMP Parc (DH)	17/12/2014
	HMP Parc (KH)	15/01/2015
IR(ME)R	Princess of Wales Hospital	18/08/2014
Mental Health Act	Cefn Coed Hospital	17/11/2014
	Princess of Wales Hospital	01/12/2014
	Neath Port Talbot	11/02/2015
Mental Health Unit	Cefn Coed Hospital	17/11/2014
	Princess of Wales Hospital	01/12/2014

Independent Healthcare

Inspection Type	Location and linked report	Date
Laser	1192 Laser and Beauty	10/06/2014
	Beauty Therapy Suite	10/06/2014
	Cae Court Clinic	17/06/2014
	The Priory Bridgend	17/06/2014
	Energist, Swansea	09/07/2014
	Me:Me Maesteg Beauty Salon	09/07/2014
	Swansea Laser Clinic	09/07/2014
Mental Health Act	Rushcliffe (independent)	10/02/2015
Mental Health Unit	Rushcliffe (Independent)	10/02/2015

Date produced: July 2015