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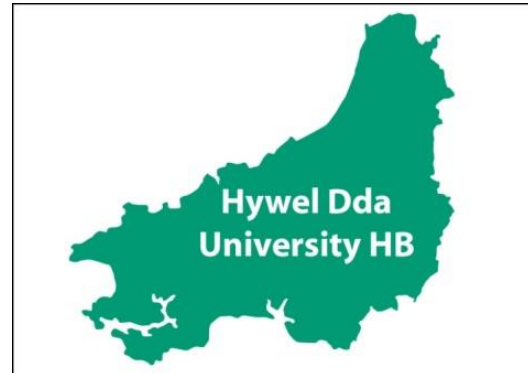
# Hywel Dda University Health Board Annual Report from Healthcare Inspectorate Wales 2014-15

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## 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 Hywel Dda 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 the year HIW has conducted 30 visits to Hywel Dda University Health Board, these include 7 Dignity and Essential Care Inspections (DECI), 12 dental inspections, 4 GP inspections and 7 other types of visits (3 Mental Health Act, 1 Mental Health Unit, 1 IR(ME)R, 1 independent adult hospice and 1 Special Review).

## Key Themes

The following key themes have been derived from HIW's overall findings of the published 2014-5 inspection reports. The links to these individual inspection reports, which contain further context and supporting evidence, are provided at the end of this report.

The following key themes were picked up during **DECI inspections** during 2014-15:

- We were told consistently that patients had positive experiences using the hospitals within the health board, with evidence of effective ward leadership and good team working apparent across several inspections.
- A consistent theme related to the standard of patient documentation, and care plans. Where there were care plans, they were generic and not patient centred – there appears to be confusion amongst some staff regarding the term “person centred” care plans. We could not therefore, be assured that there was written evidence of individualised care being promoted. It appeared that entries are usually not written in real time but usually at the end of the shift.
- There were also issues in relation to there being two sets of nursing patient notes causing difficulty in navigating one set of documentation without reference to the other, making the system cumbersome and a potential risk for inaccurate recording of patient care.
- Another consistent theme arose in relation to how medical doctors were recording information. During several inspections we found that where the medical doctors had recorded information, they had not printed their name or designation. Doing this clarifies who is making the record, decisions or agreeing the intervention.
- Staffing issues arose across several of the inspections; in particular we found a high dependency upon bank staff in some areas, instances whereby changes in the level of patient dependency were not necessarily leading to an increased number of nurses on shift. We also found an instance where medical patients were increasingly being nursed on surgical wards leading to nurses finding it difficult to provide a consistent standard of care across patients with differing levels of need.

The following issues were found during the **IR(ME)R** inspection we undertook during 2014-15:

- HIW experienced a delay in receiving pre-inspection information from the health board, despite this being an announced inspection with sufficient time provided to make this submission. It is understood that this related to a communication issue within the health board that resulted in a much shorter timescale being available for each Lead Superintendent

Radiographer and the Radiology Service Manager to collate all the pre-inspection information.

- Whilst we were satisfied that there were no major safety concerns a number of key issues for action were identified during our visit. A number of the issues related to the need for corporate action across all sites within the Health Board. The main issue was the need for a standardised procedures, as currently each hospital has their own. This principle also applies to the approach taken with staff training records. In addition some further work is required to clarify and refine some of the detail within the over-arching Ionising Radiation Safety Policy. There is a need also to develop a more structured and planned approach to clinical audit.

Our **GP Practice inspections** were part of a pilot programme, therefore while the individual reports have been shared with the health board they have not been published, however an all-Wales HIW Pilot inspections of General Medical Practice Thematic Analysis report was published on 18 May 2015<sup>1</sup>. The following key themes were picked up during **GP Practices inspections** during 2014-15:

### **Patient Experience**

- In some cases telephone appointment systems could be improved and consideration given to whether patients could be enabled to access appointments in other ways, e.g. online or in person.

### **Delivery of Standards for Health Services in Wales:**

- We found in some practices an absence of a practice information leaflet; especially offering such information in a variety of formats and languages to meet the needs of new and existing patients. There was also an issue with reaching patients who were housebound and did not have access to computers.
- There were some identified areas which could improve the communication within surgeries and between secondary and primary care such as: reviewing the clinical systems in place and considering how referring GPs may be informed of the outcome of the referrals they make; developing a formal system of contacting patients who have abnormal test results; having clear out of hours doctor contact details in case of an emergency; ensuring that patient records are updated on return from home visits. Good practice requires that doctors make real time, signed and dated patient notes, however HIW understand that it is not always practical to update records in patients homes.

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<sup>1</sup> <http://www.hiw.org.uk/news/37486>

- Some practices were better than others in ensuring complaints information was readily available and accessible to patients to ensure patients are aware of their rights in raising concerns. We found that very few practices recorded verbal complaints or managed them in line with Putting things Right.
- Very few practices recorded incidents on the DATIX system. This needs to be encouraged to capture events occurring in Primary care.

### **Management and Leadership**

- The practice should ensure staff receive regular and timely Performance and Development Reviews as a formal way to ensure they are supported in their roles and any performance issues can be addressed to improve the patient experience.
- Annual staff appraisals were not consistent throughout the practices. Some practices needed to develop a formal policy for the induction of locum/sessional doctors.

### **Quality of Environment**

- Some practices needed to ensure that there were disabled toilet facilities available for patient use.

The following key themes were picked up during **Dental Practice inspections** during 2014-15:

### **Patient Experience**

- We found differing standards with respect to dental plans with some practices giving patients written plans for both NHS and Private patients, whilst others did not offer any treatment plans at all. This suggested that treatment was not discussed and different options offered. There were also implications on consent to treatment without signed treatment plans.
- Generally all practices had a complaints process however the information was not easily available and did not comply with the Putting Things Right arrangements. We also found that HIW's address was not available for Private Dentistry complaints or the Community Health Council for NHS patients.
- Very few practices took into account patient views to ensure the service meets the needs of its population other than the NHS questionnaire and on occasion if there was a trainee dentist this would be included as part of their training.

## **Delivery of Standards for Health Services in Wales**

- We found in almost every inspection, areas of documentation which required completing such as; previous dental history, social history, records relating to radiography and local anaesthetics, soft tissue examinations, follow up treatment, and referrals within NICE guidance.
- Very few practices had regular internal audit or peer review programmes to ensure the quality and safety of standards within the practice.

## **Management and Leadership**

- We found that many of the practices were using the British Dental Association policies and procedures however there was a need to be vigilant that these documents were in line with Welsh Legislation and Best Practice. Some also needed to be surgery specific.
- There was a need for some practices to develop more robust system to ensure that equipment was maintained and safe for use and that identified personnel had responsibility for health and safety and decontamination.
- Most practices were aware of the contract with HDUHB to provide occupational health support for appropriate vaccinations and regular immunity status checks.

## **Quality of Environment**

- The environment in most practices was acceptable with minor areas of improvement such as; the displaying of a list of staff working at the practice, their designation and registration numbers where applicable; signage for toilets and fire exits

We also undertook several **mental health inspections** during 2014-15. Some of the key issues that emerged from these inspections were:

- Staffing levels were an issue. When HIW arrived on the evening of one inspection, there was only four staff on duty. During this time there were two patients being observed by two staff and leaving insufficient staff cover for the remaining patients. We were told that the recruitment and retention of staff was an on-going issue within mental health, although a number of newly registered nurses were about to commence employment.
- Training for staff was a key area that raised concerns. In particular, on one ward we visited, there was a lack of reference to training in areas such as the Mental Health Act 1983; Mental Capacity Act; Deprivation of Liberty

Safeguards (DoLS). There was also a lack of a central system that held comprehensive training data for all staff.

- There was a lack of evidence that supervision for nursing staff was taking place at all, nor any annual performance review process.
- Occupancy was an issue. There had been occasions when patients had slept in lounge areas because the wards did not have sufficient bedrooms available.

## Noteworthy Practice

- A number of noteworthy practices were identified during the course of our inspections. Some of these are highlighted below. We saw evidence in all service provision, of strong cohesive team working at ward / practice level with a willingness from staff at all grades to work seamlessly to meet the needs of the patients.
- There was an openness to engage in the HIW process and to accept recommendations with a view to improve standards of care for patients.
- The health board have recently appointed a nurse tutor to advise on the long standing preceptorship of newly qualified nursing staff and this is evidence of good practice.
- The health board are trialling “the seeing red” initiative in hospitals. This is in response to lessons learned. This is again evidence of innovative and noteworthy practice.
- The health board are also trialling new documentation for the care of diabetic patients. Again this is evidence of lessons learned and is an area of noteworthy practice.
- We saw evidence of very good engagement with the various Hospital League of Friends and community representatives for patients with disabilities.

## Governance and Accountability

The self assessment conducted and submitted by Hywel Dda University Health Board for 2013-14 indicated the organisation accepted the continual challenges of public engagement regarding service reconfiguration. There was much mention of engagement, with stakeholders, staff, patients, but less evidence about how effective this had been. Again, many cross health board initiatives were raised but less evidence of how well they had been embedded into practice.

The WAO’s annual report states that the health board has continued to strengthen its governance arrangements and is building a more open and transparent culture. However, supporting HIW’s view above, progress in some areas has been slow with the health board yet to address some fundamental weaknesses including developing a clear strategic plan and a Board assurance framework. Furthermore, again reflecting HIW’s view, it states that achieving change will be reliant on a number of

difficult cultural challenges being addressed. There also remain a number of significant workforce, estate and asset risks.

Lastly, again supporting HIW's own reflections in relation to engagement, the health board has recognised the need for more continuous engagement with its population to improve its reputation and inform local people of the challenges facing the NHS and the need for change.

## Engagement

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, where HIW raised any issues with health boards, discussed future programmes of work and gained feedback on any issues relating to the way HIW conducts its work.

HIW also wrote to each health board during February 2015 in order to order to gain assurance on the arrangements in place at Emergency Departments/Units for treating patients exhibiting possible mental health problems. HIW intends to use the information received to inform its ongoing work programme.

## Special Reviews and Investigations

During 2014-15 HIW published a management letter relating to a Public Service Ombudsman for Wales report. This report related to issues regarding diabetes care that was provided at Bronllais Hospital. HIW's letter established what our current view was on progress made by the health board to date against the recommendations made by the Ombudsman. We found:

- The health board had made progress in several areas; work undertaken and led by the Diabetic Nurse Specialists; the roll out of training to support the *ThinkGlucose* programme; health board wide auditing of Blood Glucose Monitoring practices.
- We did however feel that there were some areas where progress had been slow; there remains work to be done to ensure that effective care for patients with diabetes is being provided consistently across the health board; there is more work to be done with staff at ward level (including temporary and locum staff) so that all staff involved in the care of patients apply the most up to date clinical guidance in all areas of the health board; recruitment is an ongoing challenge for the health board, therefore the use of temporary staff must always be fully risk assessed to ensure that they are fully trained with the health board's procedures.
- We also found issues relating to standards of records keeping, whilst improved auditing of records is a positive development; the health board

needs to ensure that the issues that are being found as a result of this audit activity are addressed. These issues include; entries not being signed, timed or dated; and overuse of abbreviations. In particular; issues have been found in relation to lack of care planning (or where in place, not being reviewed and updated).

## Follow Up and Immediate Assurance

### Follow Up

Generally, recommendations were well received by the health providers and the responses to HIW have been robust enough to clearly indicate the remedial action and the acceptable timescales to undertake the action.

HIW has only requested further information on a very small number of occasions and these requests have seen the prompt receipt of more detailed action plans. These timely responses and clear action plans have, so far, negated the need for follow up visits. All action plans have been submitted in time for the final publication of the reports.

### Immediate assurance

In relation to DECI, HIW issues two out of the seven inspections undertaken resulted in Immediate Assurance letters being issued. The themes arising from these Immediate Assurance letters included;

- A doctor not recording his decision making in patient medical notes as required by the *Good Medical Practice* guidance on duties of a doctor registered with the General Medical Council.
- Environmental issues such as; hot water temperatures and inadequate heating systems.

From our Dental inspections we issued a number of Immediate Assurance letters. Broadly these letters covered issues in relation to:

- Lack of current CRB/DBS checks, mainly for compliance with Private Dentistry Regulation.
- Out of date Radiation training for dentists and dental nurses.
- Out of date maintenance certificates for radiography equipment.
- Insufficient amount of hand held equipment.
- Poor documentation.
- Poor radiographic practice.
- Possible multi use of single use instruments.



General Practitioners:

There were no areas requiring Immediate Assurance identified.

## Inspections Activity

### National Health Service

Inspection Type	Location and linked report	Date
Dental Inspections	<a href="#">Friars Dental Clinic</a>	14/10/2014
	<a href="#">Hendy-Gwyn Dental Centre</a>	22/10/2014
	<a href="#">Avenue Villa Dental Practice</a>	11/11/2014
	<a href="#">Murray Street Dental Practice</a>	18/11/2014
	<a href="#">Haven Dental Practice</a>	25/11/2014
	<a href="#">Llandeilo Road Dental Surgery</a>	17/12/2014
	<a href="#">Old Oak Dental Practice</a>	13/01/2015
	<a href="#">IDH Thomas Street Dental Practice</a>	09/02/2015
	<a href="#">North Parade Dental Practice</a>	09/02/2015
	<a href="#">Hayden Dental</a>	17/02/2015
	<a href="#">Water Street Dental Practice</a>	18/02/2015
	<a href="#">IDH Mill Lane Dental Practice</a>	03/03/2015
Dignity and Essential Care Inspections	<a href="#">Prince Philip</a>	24/06/2014
	<a href="#">Bronglais</a>	17/07/2014
	<a href="#">Glangwili</a>	28/07/2014
	<a href="#">Amman</a>	13/08/2014
	<a href="#">Withybush</a>	02/09/2014
	<a href="#">Prince Philip</a>	23/09/2014
	<a href="#">Tregaron</a>	23/10/2014
GP (inspections Inspection reports are not being published as agreed)	Argyle Medical Group	30/10/2014
	Meddygfa'r Tymbl	02/12/2014
	Avenue Villa Surgery	11/12/2014
	Narberth and Clarbeston Road Practice	11/02/2015
IR(ME)R	Withybush	25/03/2015
Mental Health Act	St David's Hospital	28/05/2014
	<a href="#">Withybush, Bro Cerwyn Centre</a>	08/09/2014
	<a href="#">Withybush, Bro Cerwyn Centre</a>	08/09/2014
Mental Health Unit	<a href="#">Withybush, Bro Cerwyn Centre</a>	08/09/2014
Special Review	<a href="#">Hywel Dda</a>	13/10/2014

### Independent Health Care

Inspection Type	Location and report link	Date
Hospice-Adults	<a href="#">Shalom House</a>	29/05/2014

Date produced: July 2015