

# Powys Teaching Health Board Annual Report from Healthcare Inspectorate Wales 2015-16

August 2016

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This document is also available in Welsh.

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## 1. Purpose

Healthcare Inspectorate Wales (HIW) is the lead independent inspectorate and regulator of health care in Wales. Our purpose is to provide the public with independent and objective assurance of 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 2015 and 31 March 2016 within the Powys Teaching Health Board area.

The outcomes we seek to influence through this activity 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.

## 2. Overview

During the year, HIW conducted 15 inspections to Powys Teaching Health Board settings, these included:

- 4 general practices inspections
- 10 dental practices inspections
- 1 dental practice follow-up inspection.

In the independent sector within the Powys area, HIW has conducted 1 inspection:

- 1 Termination of Pregnancy (TOP) Clinic inspection.

### 3. Key Themes

During 2015-16 HIW conducted a variety of work within Powys Teaching Health Board. There are a number of key themes that have emerged through the work this year. These are summarised below.

#### **NHS Dental Practice inspections:**

- Patients told us that they were happy with the dental care they were receiving
- We found that some practices needed to improve the processes they had in place for sterilising and storing instruments used in dental work to reduce the possibility of cross infection
- We found that many practices needed to improve the way they managed the use of radiographic (x-ray) equipment in a safe and effective manner which met the requirements of the relevant regulations
- We found that some practices needed to improve their systems for ensuring their staff members are given relevant updates and learning opportunities which help them to do their jobs effectively
- We found that recruitment of qualified dentists could be difficult in some areas.

#### **General Practice inspections:**

- We worked with members of the local Community Health Council (CHC) when inspecting General Practices. Generally, patients told the CHC that they were happy with the service provided by their GP and practice team
- Patients often reported that they found it difficult to get an appointment with the doctor of their choice as quickly as they would like
- The General Practice teams we visited were committed to providing a high quality service to their patients and did this through offering their patients access to a variety of health professionals, not just GPs.

## 4. Special Reviews and Investigations

We did not undertake any special reviews or investigations to Powys Teaching Health Board during the inspection year 2015-16.

### **Evaluation of homicide reviews undertaken by HIW since 2007**

During 2015-16 HIW published an evaluation of homicide reviews<sup>1</sup> it had undertaken since 2007. The purpose of the evaluation was to assess the impact the HIW reports, and the recommendations issued since 2007, have had on services that are being provided to mental health service users.

The broad themes covered in HIW's evaluation report were:

- Care planning, assessment and engagement with families/carers
- Risk management
- Diagnosis
- Discharge and aftercare planning
- Integrated and co-ordinated services
- Communication and information sharing.

We found that the impact of our reports had been variable. Some organisations which were not the direct subject of a review, had established their own internal process to look at the recommendations from each report. However, some organisations had no formal process or mechanism in place to ensure wider learning from our reports. Barriers to the implementation of the recommendations arose when action was required across multiple organisations or agencies, including non-health bodies. However, all of the stakeholders who had been subject to review said that our reviews were invaluable and should continue.

HIW has made changes to the way in which it conducts these reviews, in particular to promote learning amongst stakeholders directly involved in each review. HIW is asking all health boards to consider how they learn from these

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<sup>1</sup> <http://hiw.org.uk/docs/hiw/reports/160307homicidereviewreporten.pdf>

reviews, particularly if they were not directly involved in an investigation conducted by HIW.

### **Welsh Health Specialised Services Committee (WHSSC) review**

During 2015-16 we published a review<sup>2</sup> of the clinical governance arrangements WHSSC has in place, and how these related to patient outcomes. In undertaking this work we focused upon cardiac services. The key findings from our review were:

- WHSSC was in a period of transition working towards placing a much greater emphasis on quality when commissioning services. We found that this focus on quality had not always been present in the way that WHSSC discharged its functions
- WHSSC had published a report providing a review of the outcomes and impact of its work to reduce cardiac waiting times. This review highlighted deficiencies in its processes for the governance of this project - for instance we were not provided with assurance that the documentation of the process surrounding the selection of providers in England was robust
- We found weaknesses in the operation of WHSSC's Quality and Patient Safety Committee. For instance, information relating to initial concerns regarding cardiac waiting times had not been reported into the committee in a timely manner
- Our review raises the question of whether WHSSC's Joint Committee can be a truly independent decision making body when it is made up of both the providers and commissioners of specialised services in Wales
- There is an external perception that WHSSC's role and responsibility in managing specialised services is unclear

Overall, our review has highlighted that WHSSC is at the beginning of a process to strengthen its clinical governance arrangements.

All health boards need to learn from this review and consider the actions they need to take.

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<sup>2</sup> <http://hiw.org.uk/docs/hiw/reports/151221clinicalgovernancereviewen.pdf>

## 5. Follow Up and Immediate Assurance

### Follow Up

Following each of our inspections we issued an inspection report of our findings. Where we identified improvement was needed, we also required the dental or GP practice to provide us with an improvement plan setting out what they would do to rectify the issues we had identified.

The plans from Dental Practices and General Practices were generally provided within the given timescale. Each response was individually evaluated by HIW and provided us with sufficient assurance that the improvements needed had either been, or were being, addressed.

We wrote to the health board in 2015 and requested an update on the progress made in making the improvements identified from our inspections during 2014-15. We were provided with assurance that the health board has taken the action necessary to address the improvements we identified and/or has provided evidence to demonstrate that sufficient progress is being made in response to the majority of these matters.

It was also evident from this follow up activity that the health board uses our inspections to improve the quality and safety of its services by ensuring that the recommendations made by HIW are actioned and not replicated elsewhere within the health board.

### Immediate Assurance

Where we identified a risk to patient safety that required immediate improvement action, we issued letters to the practices in accordance with HIW's immediate assurance process.

During 2015-16 we issued four immediate assurance letters in respect of inspections to dental practices. We sought immediate assurance that action had been taken to address the following:

- insufficient evidence to demonstrate that X-ray equipment was being maintained correctly and that staff had undergone the level of training required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2000) to operate the x-ray equipment
- missing documentation which would confirm that the Health and Safety Executive had been notified of the use of radiographic equipment on the premises
- ineffective management of staff and poor handling of a complaint



- missing professional certificates and evidence of indemnity insurance due to poorly maintained staff employment files

HIW received and evaluated responses to the immediate assurance letters and was assured that suitable action was being taken to address the improvement needed.

## 6. Governance and Accountability

The governance arrangements for NHS Wales are set out within *Safe Care, Compassionate Care – A National Governance Framework to enable high quality Care in NHS Wales*<sup>3</sup>. Powys Teaching Health Board is responsible for the quality and safety of services it provides and commissions.

The aim of Powys Teaching Health Board is to provide the population they serve with quality healthcare services, some of this is achieved by commissioning specialist hospital services for Powys residents from outside the county. The health board are also looking to increase the services provided within county where possible. The health board continues to have a dual purpose in directly providing healthcare services to their population and managing the service they commission and pay for from other counties.

As outlined above during 2015-16 HIW did not visit any hospital services within the health board, due to the high level of inspection coverage in the previous year.

However, HIW continued to keep abreast of developments within Powys hospitals through attendance at health board meetings and ongoing information sharing with other relevant bodies such as CHC and Wales Audit Office.

HIW also sought assurance directly from the health board that they continue to implement changes and recommendations from our inspections in 2014-15. Future inspection activity and contact with the health board will consider the extent to which these changes have been embedded and whether the health

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<sup>3</sup> *Safe Care, Compassionate Care – A National Governance Framework to enable high quality Care in NHS Wales* describes roles and responsibilities and what needs to be in place to seek and provide assurance about the quality and safety of health care services  
<http://www.wales.nhs.uk/sitesplus/documents/888/Appendix%20Item%206%20Safe%20Care%20Compassionate%20Care.pdf>

board's arrangements have enabled lessons to be shared as part of their ongoing quality improvement work.

The health board may wish to consider the extent to which it is continuing to use HIW inspections as a catalyst for ongoing improvement and ongoing maturity of the organisation.

## 7. Engagement

During the year, HIW presented our Health Board annual report to the board on 6 July 2015.

Kate Chamberlain, CEO of HIW and Robin Bradfield, Relationship Manager for Powys in 2015-2016, visited Powys virtual ward on 29 January 2016. HIW also attended two Powys Teaching Health Board Quality & Safety committee meetings.

As a result of our attendance at the Quality & Safety committee meeting on 10 December 2015, HIW corresponded with the health board regarding the following matters:

- Brecon Hospital
- Staffing numbers
- Wye Valley Trust and The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

Where we have asked the health board to provide us with more information on an issue, the responses have always been timely and provided sufficient information for us to understand the health board's position and the actions they have taken.

In respect of the issues arising at other Health Boards and Trusts with whom Powys Teaching Health Board commission services for Powys residents, HIW also corresponded with the Community Health Council.

HIW were assured that the evidence provided by the health board demonstrated that they had taken appropriate action to mitigate risks and address issues.

## 8. Inspection Activity

### National Health Service

#### General Practice

1. <a href="#">Hay on Wye Health Centre</a>	10 November 2015
2. <a href="#">Machynlleth</a>	20 January 2016
3. <a href="#">Montgomery Medical Practice, Well Street, Montgomery, Powys, SY15 6PF</a>	3 February 2016
4. Ystradgynlais group Practice – Meddgyfa Pengorof, Gorof road, Ystradgynlais, SA9 1DS	17 February 2016

#### Dental Practice

5. <a href="#">Sevenside Dental Spa, Newtown</a>	15 April 2015
6. <a href="#">Welshpool Dental Practice (IDH)</a>	22 April 2015
7. <a href="#">IDH Llandrindod Wells Dental Clinic</a>	29 April 2015
8. <a href="#">Crickhowell Dental Practice at War Memorial Health Centre, Beaufort Street, Crickhowell</a>	12 May 2015
9. <a href="#">A &amp; P Powell-Main</a>	2 June 2015
10. <a href="#">Clifton Dental Practice</a>	3 June 2015
11. <a href="#">IDH, Wylcwm Place, Powys</a>	17 June 2015
12. <a href="#">Hay-on-wye Dental, Oxford Road, Hereford</a>	18 June 2015
13. <a href="#">IDH Llandrindod Wells Family Dental Practice</a>	29 September 2015
14. <a href="#">Llanidloes Dental Practice, Mount Lane, Llanidloes, Powys SY18 6EZ</a>	15 March 2016

#### Dental Practice follow-up

15. <a href="#">IDH Dental Co, Crickhowell</a>	13 August 2015
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### Independent Healthcare

#### Termination of Pregnancy (TOP) Clinic

1. <a href="#">BPAS Welshpool</a>	24 November 2015
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