

Velindre NHS Trust Annual Report from Healthcare Inspectorate Wales 2015-16

August 2016

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In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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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 in relation to Velindre NHS Trust.

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 2 inspections to Velindre NHS Trust settings, these included:

- 1 Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspection
- 1 hospital follow-up inspection.

3. Key Themes

An overview of the inspections at Velindre Cancer Centre is provided below.

HIW carried out an announced compliance inspection against IR(ME)R for radiotherapy in the radiotherapy department at Velindre Cancer Centre on 10 and 11 March 2016. The objective was to undertake an assessment to provide assurance against the department's compliance with IR(ME)R. HIW does this by reviewing the systems and practices as well as the policies and procedures in place.

The inspection was well received by both management and staff at Velindre Cancer Centre and all required documentation was completed and received within timescales specified. They also invited representatives from the other two Welsh radiotherapy departments to learn from the experience. It was, however, disappointing to note that there were some recommendations that had been made in the 2009 report that still had not been completed.

There were two breaches of Regulation identified this time: the first was the lack of an equipment inventory and secondly a need to have referral criteria in place which was not evident at the time of the visit. The trust expressed a commitment to completing these tasks as a matter of urgency. The inspection team were content and reassured that there were no concerns about practice in relation to IR(ME)R and were satisfied there were no safety issues on the days visited, however there were some key issues for action identified.

HIW also used that visit to do a short unannounced follow up inspection on what HIW found during the February 2014 dignity and essential care inspection (DECI) of the Active Support Unit at Velindre Cancer Centre. For the follow up on the DECI inspection, HIW was assured that action had been taken to address the issues previously raised, on the day it visited. A letter was sent to Velindre stating the findings.

4. Follow Up and Immediate Assurance

Follow Up

Following our IR(ME)R inspection, HIW issued an inspection report of our findings. Where we identified improvement was needed, we also required the trust to provide us with an improvement plan on how they were going to make the improvements.

Following the unannounced follow up hospital inspection, we issued a letter to the trust with our findings.

The plan from the trust was detailed and robust. Each response was individually evaluated by HIW and further information and assurance was sought where needed. As a result the responses provided us with sufficient assurance that the improvements identified had either been, or were being, addressed by the inspected body.

5. 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*¹. Velindre NHS Trust is responsible for the quality and safety of services it provides and commissions.

Velindre NHS Trust's vision is that they will be recognised locally, nationally and internationally as a renowned organisation of excellence for patient and donor care, education and research.

Annually, each health board and trust in Wales is required, by Welsh Government, to complete a self-assessment of their position in relation to the Governance and Accountability module of Healthcare Standards for Wales, scoring their maturity on a scale of 1-5.

¹ *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>

The self assessment conducted and submitted by Velindre NHS Trust for 2014-15 indicated the organisation's evaluation of its governance arrangements are effective. In particular, it indicated the following:

Under the 'Setting the Direction' theme, the trust believed that they had demonstrated level 5 maturity - can demonstrate sustained good practice and innovation that is shared throughout the organisation/business which others can learn from. Under the 'Enabling Delivery' and 'Delivering Results, Achieving Excellence' themes, the trust believed that they had demonstrated level 4 maturity - the trust has well developed plans and processes and can demonstrate sustainable improvement throughout the organisation / business. These scores were unchanged from 2013-14.

In the self-assessment, the trust highlighted that it was one of four Local Health Boards and Trusts who had its Integrated Medium Term Plan approved by Welsh Government. It also recognised that it needed to strengthen support to Board committees to ensure effective management of Board delegated business and review Committee Independent Member membership to ensure succession planning, knowledge and skill 'churn'. The trust also stated that during 2014-15, improvements were made to the risk register in respect of the processes used to report and monitor risks by the Board and a review of the Risk Management Strategy was initiated. It highlighted that it has an effective performance management system, which supports it in monitoring and managing performance in pursuit of its strategic objectives, while looking to further strengthen its performance management arrangements in 2015-16, as part of continuous improvement.

In addition, statements from the Wales Audit Office Annual Report 2015 for Velindre concluded "Governance and board assurance continue to evolve with good progress made in strengthening approaches to risk management and performance management".

6. Engagement

During the year, the Relationship Manager presented HIW's annual report for Velindre NHS Trust at their Board meeting on 4 June 2015.

The Relationship Manager also attended Velindre's Quality and Safety meeting on 10 December 2015.

On each occasion, the trust has responded to the requests for attendance at meetings and various documents, positively and promptly. The meetings have formed part of the ongoing liaison with the trust.

HIW's Relationship Manager and Wales Audit Office Performance Audit Lead for Velindre met and corresponded during the year to share relevant information held by both organisations. The Relationship Manager also met the Community Health Council (CHC) Chief Officer for Cardiff and Vale and Velindre met and corresponded during the year to share relevant information held by both organisations.

7. Inspection Activity

National Health Service

IR(ME)R

1. Velindre NHS Trust - Velindre Cancer Centre, Radiotherapy Dept	10 March 2016
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Hospital Follow-up

2. Velindre NHS Trust – Velindre Cancer Centre, Active Support Unit	10 March 2016
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