

**Nuffield Health Cardiff and Vale Hospitals - The Cardiff Bay Hospital  
Report following visits by Healthcare Inspectorate Wales, May 2014  
Nominated Review Facilitator Operations Director, Nuffield Health Cardiff & Vale Hospitals**

Recommendation	Compliance	Action Required	Responsibility and Timescales	Monitoring Arrangements (Committee & process)	Date Action Completed
1. Policies in use are those of Nuffield Health and have not been adapted for local use, some policies also required timescale review	Completed	1. All policies sent to Head of Departments for review and appropriate amendments for local application underway:	HOD's June 2014	Senior Manager to review progress, All completed reviewed/amended policies to be agree/ratified at Integrated Governance Committee meeting.  IGC to review at next meeting IGC to review at next meeting for compliance and understanding IGC to review all Policies reviewed by HOD's for ratification and uploading: Policy Co-ordinator to report at IGC any Local SOP reviews underway.	13th June 2014
		2. Complete Review of current policy dissemination process:	Policy Co-ordinator Immediate action Completed		As above
		3. Policy flowchart user guide for all staff members disseminated.	Policy Co-ordinator responsible: HOD's to confirm staff ability to access Immediate action		June 2014
		4. All department HOD's to review local SOP's and update hard copies. Process reviewed to ensure monitoring process.	HOD's action Immediate Review Process by Policy Co-ordinator On-going		June 2014

Reference/Title: Gov 15 - Appendix B to Group Policy for the Management of and Responding to External Agency Visits, Inspections and Accreditations Specific to Nuffield Health (Restricted to relevant internal and external stakeholders engaged in the accreditation/inspection)

Policy Author: Sue Edy, Clinical Performance Manager Local author: [ Tim Atter Operations Director, Nuffield Cardiff and Vale Hospitals. ] Policy Sponsor: Dr Andrew Jones, Group Medical Director

Policy Ratified Date: 03/08/11 Local Approval Date for action plan [ ] Policy Ratified By: Group Integrated Governance Committee

Policy Issue Date: 11/08/11 [ ] Policy Review Date: 08/ 2014 (Locally as plan above) Version: 1.0 Local version of plan:[ ] Page 7 of 3

Ensure an adequate rotation of test points of the fire alarm system, to ensure all zones are tested within thirteen week period	Completed	We currently have 10 Zones so all zones will be covered within a thirteen week period	Maintenance Engineer July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	July 2014
Replace all defective emergency light fittings noted on recent tests of the installation	Completed	All defective emergency light fittings noted on recent tests of the installation have now been replaced	Operations Director July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	July 2014
Extend records of PAT testing to include the results of the test	Completed	New records sheet implemented which includes failures record	Maintenance Engineer July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	
Monitor the efficiency of the patient lifting hoist battery	Completed	New records sheet implemented to record quarterly efficiency test	Maintenance Engineer July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	July 2014
Resolve the safe use of electrical shower units	Completed	A 'stop' fitted to temperature dial to maintain safe water temperature. Water temperatures recorded quarterly.	Maintenance Engineer July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	July 2014
Check the flow and return temperatures of the calorifier unit monthly	Completed	New records sheet implemented to record monthly flow and return temperatures of the calorifier unit.	Maintenance Engineer July 2014	Senior Management Team, Heads of Department monthly meetings and Quarterly Health & Safety meetings	Aug 2014

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Forward a copy of the 'Certificate of Registration' for the clinical waste contract	Completed	A copy of the 'Certificate of Registration' for the clinical waste contract. Send to Gareth Thomas	Operations Director July 2014	None Required	11 <sup>th</sup> July 2014
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