

Betsi Cadwaladr University Health Board

Our inspections of the health board over the past twelve months have been broadly satisfactory. Some of our visits have been a follow-up to previous inspections, and it is positive to report that most of the improvements had been implemented, and importantly, sustained.

One of the key challenges for the health board, noted during our inspection, is in maintaining patient flow through the emergency department at Glan Clwyd Hospital and tackling the prolonged waiting times for patients.

Whilst it was encouraging that none of our mental health inspections resulted in us issuing an immediate assurance letter, and it is clear that much effort is being made to improve services, we remain concerned about overall service capacity.

The health board must ensure that there is sufficient capacity in mental health inpatient services to meet the needs of its population. We are also concerned about the length of time some patients in the community may be waiting for access to psychological services, with some waiting up to two years. This is not acceptable and steps need to be taken to address this.

Whilst the GP inspections were positive overall, we were consistently told by patients of concerns regarding the ability to make appointments at their practice.

Overall, whilst it is positive to note some of the improvement across our inspections last year, it is clearly imperative that these are sustained and built upon by a health board that remains under special measures.

Hospitals

We inspected Bryn Beryl Hospital and Ysbyty Glan Clwyd Emergency Department

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| ✓ Good evidence of person-centred care and staff engagement | ✗ Some issues found at the previous Glan Clwyd inspection were still present, in particular, patient identification arrangements and inconsistent usage of fluid charts |
| ✓ Effective risk assessment, auditing and reporting | ✗ At Bryn Beryl we noted issues in regards the provision of arranged activities for patients and the fact there was no television, radio, or a lounge for them |
| ✓ Clean ward environment and good infection control arrangements at Bryn Beryl Hospital | ✗ A more dementia friendly environment is needed at Bryn Beryl |
| ✓ Effective multidisciplinary working and a visible management team at Glan Clwyd Hospital | ✗ At Glan Clwyd, patient concerns regarding waiting times and patient flow |
| ✓ Glan Clwyd was a follow-up to the visit in November 2016, and it was positive to note that the majority of listed improvements had been implemented and sustained | ✗ Whilst it was positive to see lots of new staff at Glan Clwyd, recruitment to vacancies is still a challenge |

Mental Health

We inspected the North Wales Adolescent Unit

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| ✓ Staff engage with patients respectfully | ✗ The external and internal environment required attention at the Hergest and Ablett Units |
| ✓ The facilities and environment at the Child and Adolescent Mental Health Service (CAMHS) Unit in Abergele were found to be good | ✗ Systems for maintaining the safety of patients and staff in the North Wales Adolescent Unit required improvements |
| ✓ Established governance arrangements were in place | ✗ The health board faces challenges in ensuring that mental health services have enough capacity to meet the needs of its population |
| ✓ Good multidisciplinary working and coordination with community paediatric teams | |

Dental

We inspected 21 dental practices

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| ✓ Patients were able to make informed decisions about their treatment | ✗ The need to strengthen the implementation of a range of clinical audits was found to be an issue |
| ✓ Services were well run and staff were committed to providing a high quality service | ✗ Fire training required improvement at several inspections |
| ✓ Surgeries were well equipped and clean, with appropriate arrangements for safe use of x-ray equipment | ✗ Wall mounted sharps bins not installed |
| | ✗ Steps to implement clinical peer review and self-evaluate using the maturity matrix dentistry tool |

GP

We inspected six GP surgeries

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| ✓ Good record keeping and internal communications in most inspections | ✗ Issues with appointment systems in all 6 inspections |
| ✓ Professionalism of practice staff and good staff support services | ✗ Inadequate training records were noted at several inspections |
| ✓ Cohesive and inclusive management teams in place | ✗ Audits and data security were in need of improvement across many of the practices |

IR(ME)R

We undertook one IR(ME)R at Wrexham

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| ✓ Staff treated patients with dignity, respect and kindness | ✗ Health board to consider how written patient information can be made more accessible and consistent |
| ✓ Good compliance with the regulations | ✗ Information on how patients can provide feedback or raise a concern about their care and treatment needs to be clearer |
| ✓ The health board has been proactive in creating new procedures to meet the requirements of the new regulations | ✗ Level of detail needs to be improved within the delegated authorisation guidelines for the justification of exposures |

Community Mental Health

We conducted one cCommunity Mental Health Team inspection at Nant-y-Glyn

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| ✓ Positive feedback from service users and a person-centred approach | ✗ The health board faces significant challenges in ensuring timely access to psychology and psychotherapy services, with delays of up to two years |
| ✓ Auditing, reporting and escalation processes good at the CMHT | ✗ The physical environment of the CMHT required significant attention |
| ✓ Team managers to be both accessible and supportive | ✗ Problems with integrated ICT and lack of joint access to electronic records |