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21st May 2014

Ms P Price
Inspection Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Dear Ms Price

Re: Healthcare Inspectorate Wales (HIW) Vale Hospital, Hensol Management Letter for April 2014 visit

Thank you for your letter dated 29 April, following an unannounced visit to the Vale Hospital on 22 April 2014.

You requested I write back to you by 21st May 2014 to raise any issues of factual accuracy, to inform you of any comments we may have in response to your letter and to set out an action plan in response to the specific points raised.

Can I first say thank you to you and your team for your understanding regarding our changes to our name and signage which did cause us some issues during your visit and as we discussed did in fact help us accelerate our work to make the necessary changes to our documentation and premises.

Issues of factual accuracy

There was one reference to the Spire Hospital Cardiff in our management letter which needs correction.

Comments

Your letter dated 29 April 2014 is a very fair reflection of our discussions. There are just a couple of issues of clarification which we discussed at your further visit on 9th May and in our telephone discussion on 19th May.

- Re: Action plans in response to audits, complaints and incidents – there is a comment noted, which implies records are not kept in all cases.
- We want to clarify that action plans and follow up are documented in all cases following audits, written complaints and all incidents, but that the point noted was to emphasise that on occasion, a minor patient concern, which is not received in writing, can be resolved informally by immediate actions taken often during a patients stay in our Hospital and on these occasions we do not always document these actions.



- At your team's visit on 9th May to the Vale Hospital, the details of all the documentation maintained on our Clinical SharePoint system were shown to your review team and I hope that we clarified this issue to your satisfaction.

Action Plan

I attach an action plan to this letter addressing each of the specific action points raised and updating you with our responses and the actions taken since your visit and on-going management arrangements to address.

Good practice recommendations

You raised two areas: Medicines Management Training annually for all relevant staff and Formal Clinical Supervision systems.

1. I can confirm that all staff receive as a minimum annual training in medicines management, and for all staff, including bank staff upon induction and via our policy adoption and sign off processes, but that we have in response to your raising these issues also initiated more regular training sessions run locally by our Pharmacist for all relevant staff. We are also revising our local Standard Operating Policy in response to the issues raised during your visit.
2. The principles underlying formal Clinical Supervision are firmly embedded within the Clinical Governance systems and processes within the Hospitals in Cardiff and the Vale. Our regular and mandatory clinical audit process supports the prioritisation of clinical quality in all that we do and individual responsibilities within a clear system of accountability and responsibility.
 - a. Continuing Professional Development is reviewed individually with each member of the clinical teams as a minimum annually and on an on-going basis. Reflective practice based on individual case reviews of each patient is also encouraged for all nursing and clinical teams and staff. We also support individual professional training and development through University and other Professional courses and institutions.
 - b. Most recently , Nuffield Health Hospitals in Cardiff and the Vale of Glamorgan have signed up to the "Speak out Safely" (SOS) Campaign, as the Nuffield Health group is the first Independent hospital provider to support the nurse-led safety initiative which enhances patient and consumer protection and the safety of care in our hospitals.

As we discussed, we await the further correspondence in respect of the review on 9th May of our Facilities management and non clinical services and will review and respond to any issues raised in due course.



Nuffield Health
Cardiff & Vale
Hospitals

If there are any outstanding issues which require discussion or information to be provided, please do not hesitate to contact me.

Yours sincerely

Simon Rogers

Hospital Director

cc: K Harrowing (Group Quality Systems Director)

**Nuffield Health Cardiff and Vale Hospitals
Report following visits by Healthcare Inspectorate Wales, April / May 2014
Nominated Review Facilitator Hospitals 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	Compliant	<ol style="list-style-type: none"> All policies sent to Head of Departments for review and appropriate amendments for local application underway: Complete Review of current policy dissemination process: Policy flowchart user guide for all staff members disseminated. All department HOD's to review local SOP's and update hard copies. Process reviewed to ensure monitoring process. 	<p>HOD's 1 month to be reviewed at IGC 13th June 2014</p> <p>Policy Co-ordinator Immediate action Completed</p> <p>Policy Co-ordinator responsible: HOD's to confirm staff ability to access Immediate action</p> <p>HOD's action Immediate Review Process by Policy Co-ordinator On-going</p>	<p>Senior Manager to review progress, All completed reviewed/amended polices to be agree/ratified at Integrated Governance Committee meeting.</p> <p>IGC to review at next meeting</p> <p>IGC to review at next meeting for compliance and understanding</p> <p>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.</p>	<p>Open – due for completion 13th June 2014</p> <p>As above</p> <p>Action Completed: IGC to review</p> <p>On-going</p>

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: Simon Rogers, Hospitals Director, Nuffield Health Cardiff & Vale Hospitals

Policy Ratified Date: 03/08/11 Local Approval Date for action plan : 20 May 2014

Policy Issue Date: 11/08/11 Policy Review Date: 08/ 2014 (Locally as plan above)

Policy Sponsor: Dr Andrew Jones, Group Medical Director

Policy Ratified By: Group Integrated Governance Committee

Version: 1.0 Local version of plan: HIW Page 1 of 3
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Recommendation	Compliance	Action Required	Responsibility and Timescales	Monitoring Arrangements (Committee & process)	Date Action Completed
2. The Child Protection Policy was not available on the Nuffield Health Intranet	Compliant	1. The Child Protection Policy for both Nuffield Health Hospitals and locally for Cardiff & Vale Hospitals is now available on the Intranet for all staff to access. 2. The relevant Child Protection Policy and procedures have been reviewed by the Hospital Director and the Head of Clinical Services. 3. A separate and updated Children's policies file is now held at both Cardiff Bay and the Vale Hospitals for all staff to access.	Matron & Hospital Director - actioned	IGC to review 13 June 2014	Completed, agreed and discussed with HIW at 9 May visit.

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Local author: Simon Rogers, Hospitals Director, Nuffield Health Cardiff & Vale Hospitals	Policy Ratified By: Group Integrated Governance Committee
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Recommendation	Compliance	Action Required	Responsibility and Timescales	Monitoring Arrangements (Committee & process)	Date Action Completed
3. There were missing signatures found in the controlled Drugs Records Book which has three lines of required signature	Compliant	<ol style="list-style-type: none"> The Hospital Director and Pharmacist have undertaken a comprehensive audit following the HIW visit. Issues of non-compliance have been addressed via a new Standard Operating Procedure. The agenda of the monthly medicines management meeting has been amended to include specific reference to reviewing the CD authorised signatories and checks. Additional Training sessions have been arranged for all ward and theatre staff. 	Matron & Hospital Director - actioned	IGC to review 13 June 2014	Completed 20 May 2014

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