Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced)

St David's Independent Hospital, Mental Health Care Limited

Inspection date: 19, 20 and 21 June 2023

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection at St David's Independent Hospital, on 19, 20 and 21 June 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of three questionnaires were completed by patients or their carers. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found a dedicated staff team that were committed to providing a high standard of care to patients. We saw staff interacting with patients respectfully throughout the inspection.

This is what we recommend the service can improve:

- Replace worn furniture in the lounge room and upstairs corridor
- Update the 'You said we did' notice board.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Good activities programme for patients.

Delivery of Safe and Effective Care

Overall summary:
There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care. However, some improvements are required in relation to updating policies and compliance with mandatory training.

Excellent standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of MDT involvement and there was clear and documented evidence of patient involvement.

This is what we recommend the service can improve:

- Upstairs corridor requires re-painting.

This is what the service did well:

- Good standard of care planning
- Safe and effective medication management
- Comprehensive and detailed Positive Behavioural Support Plans.

Quality of Management and Leadership

Overall summary:
We observed a committed staff team who had a good understanding of the needs of the patients at the hospital. There was dedicated and passionate leadership displayed by the hospital manager and deputy manager. However, some improvements are required in updating policies and compliance with mandatory training.

We found an effective governance structure in place in terms of regular audit activities and meetings to discuss incidents, complaints and issues related to patient care.

Significant improvements had been made since our last inspection in 2019. These improvements related to minimising the use of agency staff, a more robust induction package was in place, and staff were auditing and completing observation levels in accordance with guidelines.

We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients.

This is what we recommend the service can improve:

- Mandatory training compliance
- Review and update policies.

This is what the service did well:

- Recruitment and retention of staff
- Good induction process in place for new staff
- Strong leadership provided to staff by the hospital manager and deputy manager.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement
We handed out HIW questionnaires during the inspection to obtain views on the service provided at the hospital. We received three responses to the questionnaires; this low number needs to be borne in mind when considering these responses.

We also reviewed internal patient feedback surveys to help us form a view on the overall patient experience. Patients we spoke to told us that staff treated them well and were kind towards them.

A number of health promotion leaflets and details of support organisations were available in the hospital for patients, these were also available in easy read formats.

Throughout the inspection we observed patients participating a variety of different activities. Patients had activities planned during the day, however one response in the patient questionnaire indicated that they would like more trips out.

Patients had access to one large dining area and one smaller dining area for patients who wanted to enjoy some quiet time.

Dignity and respect
We noted that all employees; ward staff, senior management, and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were enthusiastic about their roles and how they supported and cared for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients raised, displaying a responsive and caring attitudes towards the patients.

Some patients had en-suite bedrooms that provided a good standard of privacy and dignity. Patients could lock their rooms, but staff could override the locks if needed. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering. Patients were able to personalise their rooms and store their own possessions. Personal items were risk assessed on an individual basis for the safety of each patient. This included the use of personal mobile phones. A telephone was available at the hospital for patients to use to contact

friends and family if needed, and digital devices were available for patients to use with support from staff when required.

Each bedroom door had a vision panel which enabled staff to undertake observations from the corridor without opening the door to minimise any potential disruption to patients sleeping. During our tour of the hospital, we positively noted that the vision panels were closed by default to protect the privacy of patients as people passed the rooms.

St David's has a multi faith room, which is a quiet space for both staff and patients to use. We were told that this room is frequently used by both staff and patients.

Patient information and consent
Patient boards displayed in the hospital contained relevant information to help patients and their families understand their care.

There was information available on the role of HIW, advocacy and other support networks.

Communicating effectively
During the inspection we observed staff engaging and communicating in a positive way with patients.

We saw that staff engaged with patients in a sensitive way and took time to help them understand their care using appropriate language.

Care planning and provision
Patients had their own individual weekly activity planner including individual and group sessions based within the hospital and the community (when the required authorisation was in place). During the inspection we observed staff and patients engaging in activities in the hospital and in the community.

We observed staff respecting patient privacy. For example, by understanding when patients preferred their own space and facilitating this whilst maintaining appropriate levels of observation.

Patients were fully involved in monthly multidisciplinary reviews. We saw evidence that care plans were person centred with support provided in a structured way to enable patients to achieve individual goals. Our findings showed clear evidence of multidisciplinary involvement in the care plans which were very detailed and personalised, this helped support the hospital in being able to deliver comprehensive care to the patients.

We found that there were active discharge planning arrangements in place for patients who were ready for discharge. We confirmed that decisions in relation to discharge and future placements were discussed with the patients, and relatives where appropriate, as part of their MDT reviews.

Equality, diversity and human rights
We found that arrangements were in place to promote and protect patient rights.

Legal documentation we saw to detain patients under the Mental Health Act was compliant with the legislation. All patients had access to advocacy services, and we were told that advocates visit the hospital.

Citizen engagement and feedback
There were regular patient meetings and surveys to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback. We saw evidence of recent patient surveys and action plans demonstrating how the hospital was implementing improvements and changes based on the outcome of the patient survey. Easy Read documentation was available for patients if required.

There was a patient notice board in the hospital, containing information on 'you said, and we did'. The information displayed was outdated and should contain up to date information.

The registered provider must ensure that patient information boards are up to date.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital.

We saw minutes of meetings which showed that staff were keeping patients informed of what actions had been taken in response to issues that had been raised. We reviewed a sample of complaints which evidenced that these were dealt with in line with the registered provider's policy.

Delivery of Safe and Effective Care

Safe Care

Managing risk and health and safety
Access to the hospital was secure to prevent unauthorised access. Staff could enter the hospital with swipe cards and visitors rang the buzzer at the hospital entrance.

Staff wore personal alarms which they could use to call for help if needed. There were also nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could summon aid if needed. We identified that some patient call buttons in patients bedrooms were not within patients reach from the bed areas.

The registered provider must ensure that the call bells in patient bedrooms are easily accessible for patients.

We saw evidence of various risk assessments that had been conducted including, ligature point risk assessments and fire risk assessments. We were told of the environmental checks that are completed and saw evidence that these were completed.

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort. Any use of restraint was documented. Information produced to the inspection team confirmed that restraint data was low.

The forensic psychologist was a member of the restraint reduction network which focusses on restraint reduction, evaluation and learning from incidents.

The inspection team considered the hospital environment during a tour of the hospital on the first night of the inspection and the remaining days of the inspection. The hospital appeared clean and tidy; however, we identified some decorative and environmental issues that required attention:

- Upstairs corridor walls need re-painting
- Lock on the door within the small patient dining room area requires replacing
- Furniture in clinical lounge room and those used by staff to undertake observations appear worn and need to be fixed or replaced.

The registered provider should consider the above environmental issues.

Infection prevention and control (IPC) and decontamination
A system of regular audit of infection control arrangements was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital. Staff were aware of their responsibilities around infection prevention and control and staff were observed undertaking cleaning duties effectively.

The hospital was very clean, tidy, and organised. Throughout the inspection, the inspection team noted a high level of cleanliness at the hospital, which contributed to the patients having a better experience whilst staying at the hospital.

There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs.

Nutrition
The hospital provided patients with meals on the ward, making their choices from the hospital menu. We were told that specific dietary requirements were accommodated. Staff said patients make their food choices in advance and stated if a patient changes their mind they can usually be accommodated with another option.

Patients told us that they also have opportunities to prepare and cook their own meals in the occupational therapy kitchen.

The dining rooms were clean and tidy and provided a suitable environment for patients to eat their meals.

Medicines management
Medicines management was safe and effective. Medication was stored securely with cupboards and medication fridges locked. There was evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the manufacturer's advised temperature.

There was regular pharmacy input and audit undertaken that helped the management, prescribing and administration of medication on the ward.

There were arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records we viewed evidenced that twice-daily checks were conducted with nursing signatures confirming that the checks had been conducted.

The Medication Administration Records reviewed were fully completed by staff. We saw several medication rounds, and saw that staff undertook these

appropriately and professionally, interacting with patients respectfully and considerately.

Safeguarding children and safeguarding vulnerable adults
There were established hospital policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Hospital staff had access to safeguarding procedures via its intranet. Senior staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

The hospital had an onsite social worker, who along with the deputy hospital manager acted as the safeguarding lead for the hospital and dealt with all safeguarding referrals and subsequent workload. There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Through conversations with the deputy hospital manager, it was evident that the hospital had built up a close working relationship with the local authority. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their patients.

Medical devices, equipment and diagnostic systems
There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date. However, we noted that after the checks had been undertaken the emergency bag it had not been resealed.

The registered provider must ensure that the emergency bag is resealed after the relevant checks have been undertaken.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. There were up-to-date safety audits in place, including ligature point risk assessments.

Safe and clinically effective care
Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the

inspection confirmed that incidents and use of physical interventions are checked and robustly supervised.

Evidence obtained during the inspection confirmed that incidents and use of physical interventions are rarely used. This demonstrated that the use of least restrictive model of care was being used effectively at the hospital focusing on therapeutic engagement between staff and patients which created a relaxed ward atmosphere. When a restraint does take place, all completed paperwork is checked and robustly supervised and any lessons learnt are disseminated to staff.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and defuse difficult situations.

Staff were completing observation charts in line with guidance. In addition, team leaders were monitoring and auditing the completion of observation charts, this was an area of improvement since our last inspection.

Records management
Patient records were mainly paper files that were stored and maintained within the locked nursing office, with some electronic documentation, which was password protected.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010 Care planning and provision section of this report.

Mental Health Act Monitoring
We reviewed the statutory detention documents for five patients at the hospital.

All patient detentions were found to be legal according to the legislation and well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision
We reviewed the care plans of five patients. We reviewed five care files and found that they were kept to a good standard.

Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

We saw evidence that care plans were detailed, comprehensive and person centred with support provided in a structured way to enable patients to achieve individual goals. Our findings showed clear evidence of multidisciplinary

involvement in the care plans; this helped support the hospital in being able to deliver comprehensive care to the patients.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and defuse difficult situations.

The inspection team witnessed positive redirection and deescalation of difficult behaviours, all of which were done respectfully and in a very supportive manner.

We saw care files clearly showed patient involvement in care discussions, which were patient focussed and signed by the patient. There were examples of easy read in patients files and all of these were very individualised.

Records also included evidence of the patients' voice to reflect their views, however one patient indicated in their questionnaire that they had not seen their care plan.

The registered provider must ensure that all patients have the opportunity to see their care plan.

There was strong evidence of the Mental Capacity Act capacity assessments together with best interest meetings. Also, where appropriate the patients' responses were noted.

There was good evidence of pain assessment being completed, and if there was a change in patients' presentation, risk assessments were completed. Physical health monitoring was consistently recorded in patient records. Access to primary and acute health access was evidenced when required. Overall, the nursing documentation viewed was good and physical assessments were comprehensive.

Quality of Management and Leadership

Governance and accountability framework

We found that there had been significant improvements made since our last inspection in 2019. There were well-defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. Ongoing improvements need to focus on staff compliance with mandatory training.

During the inspection senior management were able to assure us that internal audits were undertaken and provided the team with evidence of a range of audits and improvements that have taken place, these documents were provided promptly to the team demonstrating that the correct systems and structures are in place.

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

There was dedicated and passionate leadership from the hospital manager and deputy manager, who are supported by committed ward multidisciplinary teams and staffing group. We found a friendly, professional staff team who showed a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of most patients they were responsible for.

During our time at the hospital, we observed a positive culture with good relationships between staff who we observed working well together as a team. It was evident that staff were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. It was clear to see that the hospital manager, deputy manager and team leaders had a very supportive and approachable leadership style, this was also confirmed during staff interviews.

Dealing with concerns and managing incidents

As detailed earlier, there were established processes in place for dealing with concerns and managing incidents at the hospital.

Arrangements were in place to disseminate information and lessons learned to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Workforce planning, training and organisational development
Staff showed strong team working and appeared motivated to provide dedicated care for patients. Staff we spoke with were positive about the support they received from colleagues, and leadership by their managers.

We saw evidence of staff annual appraisals and supervision in staff files.

The inspection team considered staff training compliance and provided us with a list of staff mandatory training compliance. Training figures indicated that improvements are required for physical intervention training with overall compliance currently at 66%. We were told that these figures would be immediately improved, and we were shown evidence that staff were booked on courses, as some staff had only just come out of compliance. In addition, we were reassured that all shifts had sufficient staff trained in restraint pending the remaining staff completing courses.

The hospital manager told us of future plans for some staff to be trained to deliver restraint training at the hospital, with future aim of making the training bespoke to patients needs in line with patients care plans.

The registered provider must ensure that mandatory training compliance figures are improved.

We were provided with a range of policies, however, upon review some of the versions we received had passed their review date. The following policies were found to be out of date:

- Recruitment policy review date May 2023
- Capacity to consent for examination and consent to treatment review March 2023
- Emergency contingency planning policy review June 2023.

The registered provider must make sure that all policies are updated and reviewed.

Workforce recruitment and employment practices
It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received. Disclosure and Barring Service DBS) checks were undertaken and professional qualifications checked. Therefore, we were assured that recruitment was undertaken in an open and fair process.

The hospital manager had made significant improvements in reducing the use of agency staff at the hospital since the last inspection and had taken the lead in a

successful recruitment and retention of staff initiative. There were currently no nursing or health care support vacancies at the hospital which reflected the success of the recruitment and retention of staff action plan delivered by the hospital manager.

Newly appointed staff undertook a period of induction, the hospital manager had designed and delivered a bespoke course for all newly recruited staff. This course was also available to current staff to have some refresher training. Grab sheets were also available to help new staff or agency staff to support the patients at the hospital.

The hospital manager had held briefings to help all staff understand the role and responsibilities of HIW. During this meeting the findings of HIW's previous inspection report were discussed and debriefed to improve patient care and staff's understanding of the findings from the previous report. As a result, staff had a greater awareness and understanding of the role of HIW, and the staff group had worked hard to implement the recommendations from the previous report to improve patient safety and quality of care provided at the hospital. This was identified as an area of good practice, and during interviews staff told us that they found the sessions extremely beneficial.

The hospital had a clear policy in place for staff to raise any concerns. Occupational health support was also available, and staff spoke highly of the welfare support provided by the management team. There were good systems in place to support staff welfare.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: St David's Independent Hospital

Date of inspection: 19, 20 & 21 June 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements identified.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: **St David's independent Hospital**

Date of inspection: **19 - 21 June 2023**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that patient information boards are up to date.	4.2 Patient Information	The patient information boards are now up to date and checks are in place to ensure that the boards are up to date with current information.	Senior Social Worker	Completed
The registered provider must ensure that the call bells in patient bedrooms are easily accessible for patients.	2.1 Managing risk and promoting health and safety	Snowdonia fire and MHC estates have been contacted to assess and provide other alternatives for patients to easily access the call bells in the bedrooms. Awaiting for the assessment.	Support Services Director Head of Estates Maintenance Operative	Ongoing

The registered provider must ensure that the following environmental improvements are made: • Upstairs corridor walls need re-painting • Lock on the door within the small patient dining room area requires replacing • Furniture in clinical lounge room and those used by staff to undertake observations appear worn and need to be fixed or replaced.	2.1 Managing risk and promoting health and safety	• Painting of the corridor walls have started. • The lock on the patients small dining hall room door have been replaced. • ETB furniture company have been contacted (17/07/23) for the repair and replacement of the furniture in the clinical lounge and those used for observation by staff, awaiting for a quotation.	Support Services Director Head of Estates Maintenance Operative Hospital Manager Deputy Hospital Manager	Completed (18/07/23) Completed September 2023
The registered provider must ensure that the emergency bag is resealed after the relevant checks have been undertaken.	7.Safe and clinically effective care	The safety tags have been ordered on the day of the Inspection and delivered to St. Davids. The emergency bags are now resealed after checks have been undertaken.	Deputy Hospital Manager	Completed June 2023

The registered provider must ensure that all patients have the opportunity to see their care plan.	20. Records	Valuing patients as active participants in the planning and management of their own health and well-being is key for all patients at St. Davids. All patients are able to review their personalised care and support plans formally and informally with their named nurses in their named nurse sessions and in their monthly MDT reviews.	Responsible Clinicians MDT Hospital Manager Deputy Hospital manager	Ongoing
The registered provider must make sure that all policies are updated and reviewed.	25.Workforce planning, training, and organisational development	All policies are reviewed and updated on a regular basis. by the senior management team.	Managing Director	Completed
The registered provider must ensure that mandatory training compliance figures are improved.	25.Workforce planning, training, and organisational development	Mandatory training compliance is being monitored and all staff who are due for training are booked and training stats have improved. Training matrix in place to	Hospital Manager Deputy Hospital Manager	Ongoing

		monitor compliance. This is reviewed on a weekly basis.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Alieu Jallow

Job role: Hospital Manager

Date: 18/07/2023