

# HEALTHCARE INSPECTORATE WALES

Annual Report  
2017-18

# Annual Report 2017-18

## Contents

5	Foreword
9	Our Work
13	Our Resources
16	Our Findings
48	Commitment Matrix

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

### In Writing

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

### Or Via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

### Abbreviations used:

Abertawe Bro Morgannwg University Health Board – ABMU  
Aneurin Bevan University Health Board – Aneurin Bevan  
Betsi Cadwaladr University Health Board – Betsi Cadwaladr  
Cardiff and Vale University Health Board – Cardiff and Vale

Cwm Taf University Health Board – Cwm Taf  
Hywel Dda University Health Board – Hywel Dda  
Powys teaching Health Board – Powys

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



## Our purpose

To check that people in Wales receive good quality healthcare.

## Our values

We place patients at the heart of what we do.

We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

## Through our work we aim to:

### Provide assurance:

Provide an independent view on the quality of care.

### Promote improvement:

Encourage improvement through the reporting and sharing of good practice

### Influence policy and standards:

Use what we find to influence policy, standards and practice



## Foreword

I am pleased to introduce our Annual Report for 2017-18.

This year we completed 279 visits to various wards, establishments, health boards and healthcare providers across Wales in the NHS and in the independent sector.

Overall, we saw a high standard of care being delivered in services across Wales. Patients told us they were pleased with the care they received and valued the work done by dedicated and committed staff. We saw staff working hard to respond to a high level of demand in a way that maintains patient dignity, manages risks and provides appropriate care, often in pressured and challenging environments.

However, we have seen issues again this year during our inspection programme, which we have highlighted in previous years. For example, it is disappointing that aspects of medicines management continue to be highlighted as areas for improvement by our inspectors. HIW has made recommendations for improvement in this area for a number of years – professionals, managers and leaders in our health services need to address these concerns to improve services for patients.

It is clear from this year's inspections that services continue to face significant challenges with regard to staffing levels. This aspect of patient safety is vital

and with the Nurse Staffing Levels (Wales) Act 2016 now in force, it is an area which demands significant management attention.

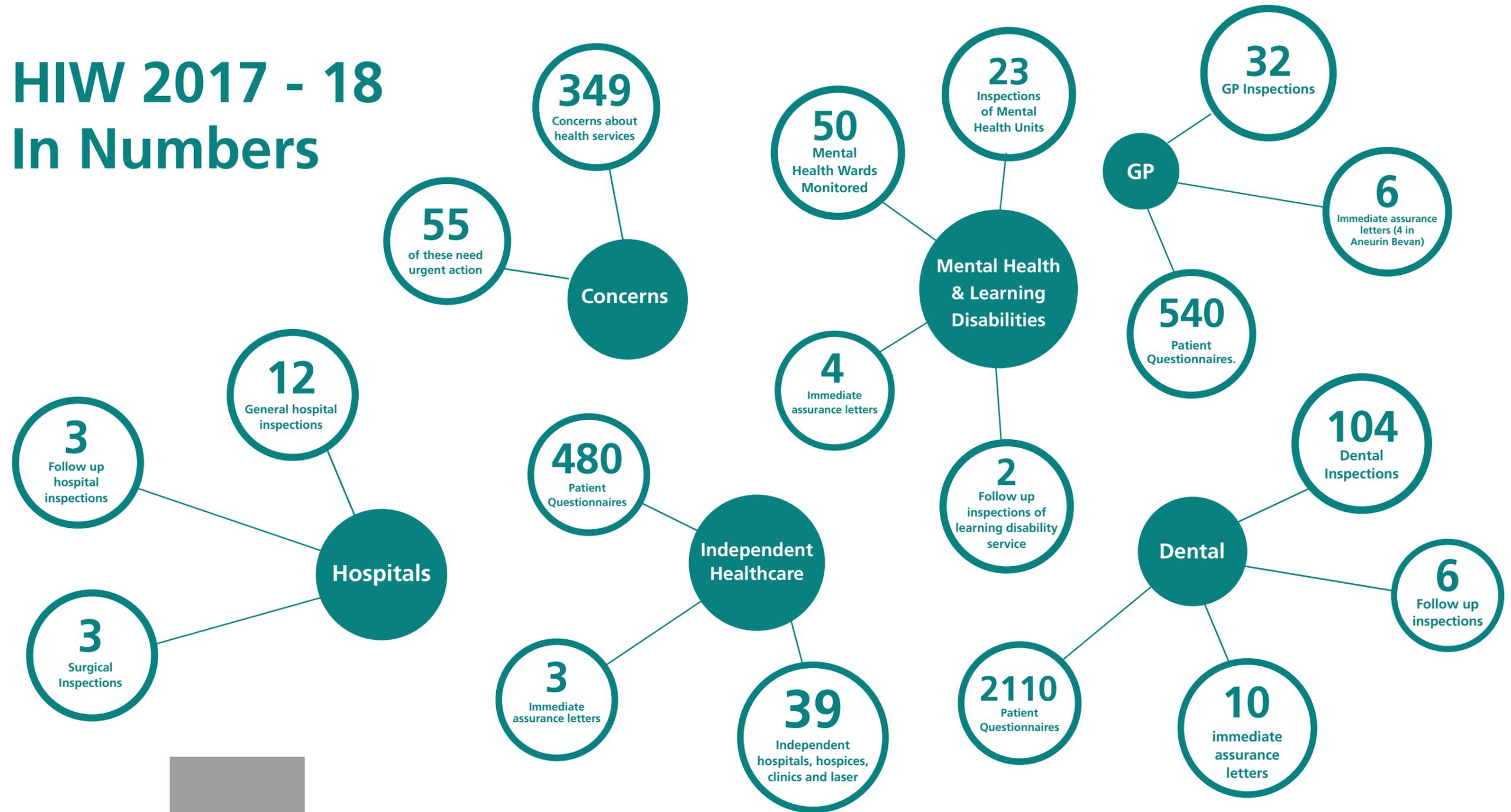
Many of our inspections raised concerns about the environment of care. It is essential that providers of services consider the impact of the care environment on the overall patient experience, and on the well-being of staff.

We acknowledge health boards in Wales face a challenging agenda. However, it is critically important that whilst addressing their strategic and financial pressures leaders in our health services do not lose sight of the need to provide safe, effective and patient-centred care.

We are keen that our work can be understood and used by policy-makers, managers, professionals and the public to support improvement. This annual report therefore is intended to be a high level overview of our findings during 2017-18. Full thematic reports relating to each of our inspection areas will be published in September 2018. These reports will contain more detail about the good practice and improvements we have identified. If you have any comments on our work, your experience, or on healthcare services in general, please contact us – we would love to hear from you.

**Dr Kate Chamberlain, Chief Executive**

# HIW 2017 - 18 In Numbers



## What did patients tell us?

### Dignified care

97% of hospital patients who completed a questionnaire said that staff were kind and sensitive to them when they carried out care and treatment

On average, hospital patients who completed a questionnaire rated the care and treatment that they were provided with as 8.6 out of 10

96% of GP patients who completed a questionnaire said that staff treated them with respect when they visited their GP practice.

*'I really couldn't give you a complaint. I've never been on such a good ward; the staff are unbelievable. Staff are really caring'*

- Hospital patient, ABMU

*'Good surgery, staff show understanding and do their best to meet patients' needs'*

- GP Patient, Aneurin Bevan

*'The service this practice offers is excellent. The staff are efficient and friendly. The appointment bookings are clear to understand. The Doctors are all amazing. Overall a good example to model practices on'*

- GP Patient, Cardiff and Vale

*'Have been most impressed by all staff members I have had dealings with. Ten out of ten'*

- Hospital Patient, Powys

*'Good surgery, staff show understanding and do their best to meet patients' needs'*

GP Patient, Aneurin Bevan

### Communicating effectively

85% of hospital patients who completed a questionnaire were offered the option to communicate with staff in the language of their choice

94% of GP patients who completed a questionnaire said that they could always speak to staff in their preferred language.

95% of dental patients who completed a questionnaire said that they could always speak to staff in their preferred language.

### Patient information

- 25% of GP patients who completed a questionnaire did not know how to access the out of hours GP service.
- 20% of dental patients who completed a questionnaire said that they would not know how to access the out of hours' dental service if they had an urgent dental problem.
- 49% of GP patients who completed a questionnaire did not know how to raise a concern or complaint about the services they received at their GP practice.
- 30% of dental patients who completed a questionnaire said that they did not know how to raise a concern or complaint about the services they receive at their dental practice.
- 99% of dental patients who completed a questionnaire said that their dental team helped them to understand all available options when they needed treatment.

*Always a very friendly atmosphere. Staff are always chatty and friendly and are always ready to listen to any concerns. Dentists are always helpful in regards on how to have better oral hygiene, as well as the nurses*

- Dental patient, Hywel Dda

- 94% of dental patients who completed a questionnaire said that the cost of any treatment is always made clear to them before they receive the treatment
- 75% of dental patients who completed a questionnaire said that they understood how the cost of their treatment was calculated



## Our work

We check that people in Wales receive good quality health care. We put the patient at the heart of what we do, and we make sure our work promotes and protects equality and human rights for everyone. Our work is guided by the Well-being of Future Generations (Wales) Act 2015. In making decisions about the work we do, we balance the short term and long term needs of patients, working collaboratively with partners, patients and the community to support improvement.

### Providing Assurance

We inspect the NHS in Wales. Our coverage in the NHS ranges from general practice to large hospitals. During 2017-18 we carried out 183 inspections in the NHS. We also regulate and inspect independent healthcare. Independent healthcare includes a wide range of providers from full private hospitals to beauty salons who use lasers. During 2017-18 we carried out 96 inspections in the independent sector. In April 2017 the Private Dentistry (Wales) Regulations came into force, meaning that dental practices rather than individual dentists undertaking private work need to register with HIW. During 2017-18 we engaged extensively with the Chief Dental Officer, British Dental Association and other stakeholders to ensure the dental profession was aware of the change in Regulations. We also undertook 104 dental practice inspections. We have a specific responsibility to consider the

rights of vulnerable people, such as those who are being cared for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards. Our responsibilities in relation to mental health span both the NHS and the independent sector. We completed 23 mental health inspections during 2017-18.

Our work programme ensures that we meet our statutory requirements and that we review areas of concern identified by intelligence and risk. Our Risk & Escalation Committee regularly assesses the evidence and intelligence available and reviews and refines our programme of work. We use what we know about services to determine our priorities.

**We check that people in Wales receive good quality health care. We put the patient at the heart of what we do, and we make sure our work promotes and protects equality and human rights for everyone.**

During 2017-18 we published information about how we inspect the NHS and the independent sector. In addition to our risk based inspections of the NHS and independent sector, HIW also undertakes national thematic reviews. During 2017-18 we focussed on Patient Discharge and Community Mental Health Teams. We also began a thematic review on Substance Misuse Services in Wales. The final reports for these thematic reviews will be published during summer and autumn 2018.

In June 2017, we published a joint governance follow-up report with the Wales Audit Office on Betsi Cadwaladr. The review looked at the progress made since an initial review in 2013 and subsequent follow-up reviews. Overall, the report highlighted that from a challenging position in 2013, leadership has strengthened, the Board is working more effectively, and there has been a fundamental change in organisational structure. However, several challenges we highlighted previously are still evident. The most crucial of these is the lack of a clear plan for how clinical services in North Wales should be reshaped, and how this can be done on a basis that is clinically and financially viable in the long term.

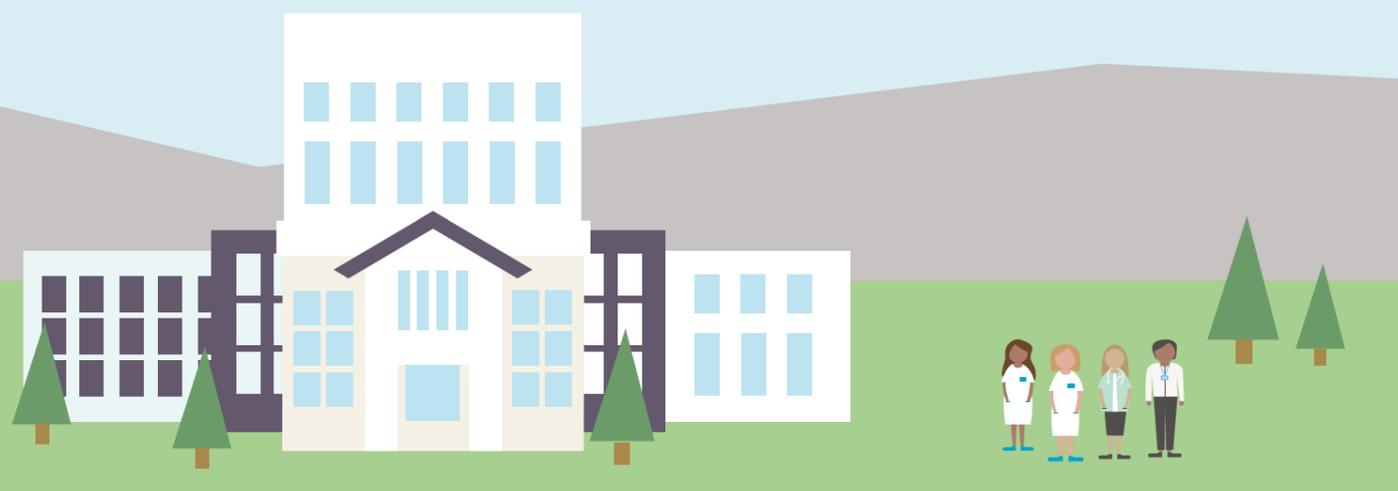
### Performance Standards

We are explicit about the standards of service we provide.

- Where immediate assurance is required following an NHS inspection, letters will be issued to the Chief Executive of the organisation within 2 days
- Where urgent action is required following an inspection in the independent sector, the service will issued with a non-compliance notice within 2 days
- We publish all reports 3 months after an inspection as stated in our publication policy

During 2017-18 we published 92% of our reports within 3 months of the inspection. We also achieved our target and reported issues of immediate concern within 2 days.

Year	2 days met	2 days missed	3 months met	3 months missed
2017 - 18	100%	0%	92%	8%
2016 - 17	91%	9%	82%	18%
2015 - 16	71%	29%	75%	25%



### Promoting improvement

Many of our inspection and review reports contain recommendations intended to drive improvement in the quality of health care services. Our recommendations directly influence the actions of both service providers and health boards, and have led to improvement in the service delivered to patients. We have seen this in the majority of the 13 follow up inspections we have done during 2017-18.

In addition, we wrote to all health boards to follow up on the wide ranging recommendations from the learning disability thematic we undertook during 2015 and 2016. It was positive to note that good progress had been made in some areas, including improvements to the care of particular patients, since our inspections. However, other areas, such as long term planning of resources and recruitment were progressing more slowly. We will continue to follow up on this work and seek assurance that health boards continue to have oversight of inspection improvement plans on a long term basis.

When we find that standards are not met, we make recommendations for improvement. If we do not receive sufficient assurance that action has been taken to address the issues we find in the independent sector, we take enforcement action.

The findings from our NHS inspections and reviews feed into the NHS Wales Escalation and Intervention Arrangements including those areas where we do not feel that sufficient progress is being made.

We also take opportunities to promote our work and our findings to ensure that we share good practice and the themes and trends we identify from our inspection programme. We regularly present at various conferences and meetings.

#### Examples during 2017-18 include:

- Policy Forum for Wales on the Future of Health and Social Care
- National Quality and Safety Forum
- Faculty of Old Age Psychiatry academic meeting 'The Holistic Psychiatrist' at the Royal College of Psychiatrists
- The Royal Welsh Show
- The European Public Health Exchange Seminar, France
- Academi Wales/Welsh NHS Confederation Expert Seminar
- University Health Board for Wales – Leadership Programme

**When we find that standards are not met, we make recommendations for improvement.**

### Influencing policy and standards

Through our activities, we see how legislation, policies and standards work in practice. We feed back our findings and perspective at relevant opportunities, for example through formal consultations, evidence to National Assembly Committees and directly with Welsh Government policy colleagues.

Examples of our work in influencing policy and standards during 2017-18 include:

- We gave evidence to the Parliamentary Review team during their evidence gathering stage (Parliamentary Review of Health and Social Care; Hussey et al, 2018).
- We gave oral and written evidence to the National Assembly for Wales's Equality, Local Government and Communities Committee during their scrutiny of the Public Services Ombudsman (Wales) Bill.
- We engaged widely with stakeholders (for example the Older People's Commissioner for Wales, Children's Commissioner for Wales, and Public Services Ombudsman for Wales) about the White Paper 'Services fit for the future' on NHS quality and governance. We gave written evidence to Welsh Government, and have since worked with Welsh Government policy teams on the implications of the proposals for HIW.

# Working with others

In addition to our work in the NHS and independent sector, HIW works with others to examine healthcare in other settings. For example, we conduct clinical reviews of deaths in prison settings with the Prison and Probation Ombudsman.

During 2017-18 we hosted two summit days with our partners to share intelligence about NHS organisations. These events bring together external audit, inspection, regulation and improvement bodies working in Wales to share intelligence and form a consistent view about individual Health Boards and Trusts in Wales. The format ensures the intelligence shared is focussed on the high level concerns and priorities of each organisation and also allows participants to form a view on the national themes emerging.

We continue to work closely with the Care Inspectorate Wales (CIW). During 2017-18 we again worked jointly with CIW on a review of the Deprivation of Liberty Safeguards. Our joint annual review was published in April 2018. We have also worked with CIW on our thematic reviews of Community Mental Health Teams and of Substance Misuse Services.

We continue to take part in reviews of Youth Offending Services led by Her Majesty's Inspectorate of Probation. These reviews involve a range of partner agencies including

Estyn, HIW and CIW. We participate in inspecting these services and consider the healthcare that young people receive. We have also taken part in work led by Her Majesty's Inspectorate of Prisons and visited police custody suites to consider how the health care needs of individuals in custody are met. We contribute to the final reports published by the lead organisations.

HIW also continues to be an active member of the UK's National Preventive Mechanism (NPM), which means we have responsibilities to prevent ill treatment of people in prison. The NPM is required under the international human rights treaty and the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. HIW continues to be a member of the steering group, the mental health sub-group and the children and young people sub group of the NPM. Within these groups new and existing legislation and best practice is considered and there is joint working with a number of organisations from across the United Kingdom.

## Finances

The following table shows how we used the financial resources available to us to deliver our 2017-18 Operational Plan.

	£000's
HIW Total Budget	3,586
Expenditure	
Staff costs	3,062
Non staff costs	263
Reviewer costs	491
<b>Total expenditure (a)</b>	<b>3,816</b>
Income	
Independent healthcare	294
Private dental registrations	76
<b>Total income (b)</b>	<b>370</b>
<b>Total Net Expenditure (a-b)</b>	<b>3,446</b>

## Our People

We have posts equivalent to approximately 68 whole time staff.

Team	Whole time posts
Senior Executive	3
Inspection, Regulation and Concerns	32
Intelligence, partnership and methods	8
Strategy, Policy and Communication	5
Clinical advice (including SOAD service)	4
Business support (including recruitment, allocation and support of panel reviewers)	16
<b>Total</b>	<b>68</b>

We rely on the input of peer and lay reviewers to assist in the delivery of our inspection and review programme. We currently have a panel of over 200 peer and voluntary lay reviewers on our books.

Our peer reviewer panel consists of specialists including nurses, GPs, dentists, anaesthetists, surgeons and GP practice managers. It also includes specialists in

Mental Health Act Administration and a panel of psychiatrists who provide our second opinion appointed doctor (SOAD) service. Using peer reviewers provides a dual benefit; HIW gets specialist clinical input for inspections and reviews, and reviewers benefit from the learning provided by participation in our work and they are able to take this learning back to their own work environments.

*"I would recommend that any Registered Professionals seek to undertake some peer review work with HIW in order to progress their career further – it will give them an advantage to stand out from other candidates."*

**- Peer Reviewer**

*"It was stimulating to be part of the team. Learning for my own professional development in work has been shown to be of benefit."*

**- Mental Health Nurse Peer Reviewer**

*"It's good to know that I provided useful input into the inspection process. I always find these days challenging, particularly in completing all the paperwork to a standard that supports the conclusions reached. However, the inspection was made easier by the involvement of an experienced practice manager peer reviewer and the supportive and constructive tone set by the inspection manager."*

**- GP Peer Reviewer**

We also have a pool of people who have volunteered to be on our panel of lay reviewers.

*"Overall, it was an enjoyable and worthwhile visit which provided invaluable experience."*

**- Lay Reviewer**



# NHS Hospitals

We conducted hospital inspections within each of the seven health boards throughout Wales, visiting 18 hospitals in total. Each inspection considered how the service met the Health and Care Standards under three domains: the quality of the patient experience; the delivery of safe and effective care; and the quality of management and leadership.

## Findings

Patients were overwhelmingly positive about the care they received. We saw patients being treated with kindness, dignity and respect. We generally found there was good opportunity for patients and families to provide feedback on their experiences.

*“Staff are always very polite. Staff tell me about my care and treatment, they give me leaflets and booklets which means I can question them. Staff are happy to answer any questions.”*

– Patient, ABMU



## Good practice

In Cardiff and Vale we saw positive use of a monthly patient experience survey which had meant additional furniture and a TV had been added to the visitors' room. In Betsi Cadwaladr we saw good practice where volunteers attended wards to spend time talking to patients and engaging them in activities.

*The staff are brilliant but sadly understaffed and often pushed beyond what is reasonable; they really need better staffing on its wards to support the nurses here*

– Patient, ABMU

We saw dedicated staff teams who were working hard to provide patient focussed care. We saw examples of innovative practices where doctors and nurses worked well with other health and care professionals to provide a better service for patients. Many staff spoke positively about the leadership provided by senior ward staff. Staff usually said they felt comfortable raising concerns or issues with senior ward staff, and considered their concerns would be acted upon in a constructive and timely manner.

*“Sister is always supportive. The ward at the moment is a very difficult place to work. Workload demands, complex patients. We all work well as a team under difficult conditions. Staff are now completely worn out”*

– Nurse, Hywel Dda

We concluded that care was generally safe and effective but we identified improvements could be made to documentation and records across many hospital inspections.

Examples of the issues we found were:

- documentation assessing a patient's risk of falling and risk of developing pressure ulcers was missing.
- Nutrition and hydration monitoring charts were not always completed
- Improvements required to the quality of recording

We found issues with aspects of medicines management across many inspections. Particular problems were identified with:

- Prescribing of oxygen
- Administration of medicines.
- Storage of medicines at the correct temperature (monitoring fridge and room temperatures)
- Security of medicines on some wards.

Improvements to ward environments were required in some hospitals. We found that repairs, maintenance and refurbishment were outstanding in some areas and we found some wards to be cluttered and therefore presented a risk to patients.

*“Very hot on ward, no appropriate fans for staff and patients, no extra breaks due to heat.”*

– Health Care Worker, Betsi Cadwaladr

## Good practice

In Aneurin Bevan we saw good multi-disciplinary team working between health and social care staff. In ABMU we saw innovative use of pharmacy technicians on wards to improve timely care.

Several inspections noted issues around staffing, recruitment and retention. The impact of nursing and medical vacancies meant that there was a high level of agency and bank staff in some wards. This meant that in some areas we could not be assured patients would consistently receive safe, effective, high quality care. We also raised concern about the low level of staff training and appraisals in some areas.

*“Lack of staff and work pressures make it challenging and sometimes it can affect you mentally and physically”*

– Health Care Worker, Betsi Cadwaladr

# GP

**This year we undertook 32 inspections of General Practices across Wales. Each GP inspection considered how the practice met the Health and Care Standards.**

## Findings

Patients generally told us they were happy with the care they received and gave positive feedback about the staff working at their GP practice. However, many told us it was difficult to get an appointment, or they had to wait a long time to see their healthcare professional.

*“Employing less locum GP’s and having permanent GP’s here would be great. For a number of years, I have been unable to have continuation of care with the same GP due to the lack of permanent ones - this is frustrating and not good practice!”*

– Patient, Cwm Taf

*“It’s difficult to get through as the line is very busy and if you don’t have an automatic redial by the time you get through all the appointments have gone”*

– Patient, ABMU

Whilst we found staff were generally committed to delivering a high quality, patient focussed service, we saw variability in how well practices engaged with their practice population.

We found that some practices provided a good level of information for patients and carers, but others needed to update their patient information.

Overall we found communication systems in practices to be good. Most practices had a robust system to ensure there were no unnecessary delays to processing test results, referrals etc. However there were some practices where internal communication needed to be improved.

### Good practice

In Aneurin Bevan we saw how a practice had worked with disabled patients to improve patient access to the surgery. In Cwm Taf, one practice had used social media in an effective way to communicate particularly with younger patients.

---

*I find that the reception staff are always very polite when I phone for an appointment. I have been at this practice for many years and my family and I are very happy with the service provided.*

– Patient, Cwm Taf

---

*“I think the triage system is not required as you have to explain your symptoms several times before you can get an appointment. The previous way was excellent, don’t see why that was changed”*

– Patient, Hywel Dda

Patient records were generally completed to a satisfactory standard. However, we did make recommendations for improvement in a number of practices. Issues we identified usually related to coding, summarising and recording patient consent. We recommended that practices improve their auditing of patient records to identify for themselves where improvements can be made.

We generally saw clear management structures in place, and good cluster level working. Most practices have embraced the concept of cluster working and described a commitment to improving this further for the benefit of their communities.

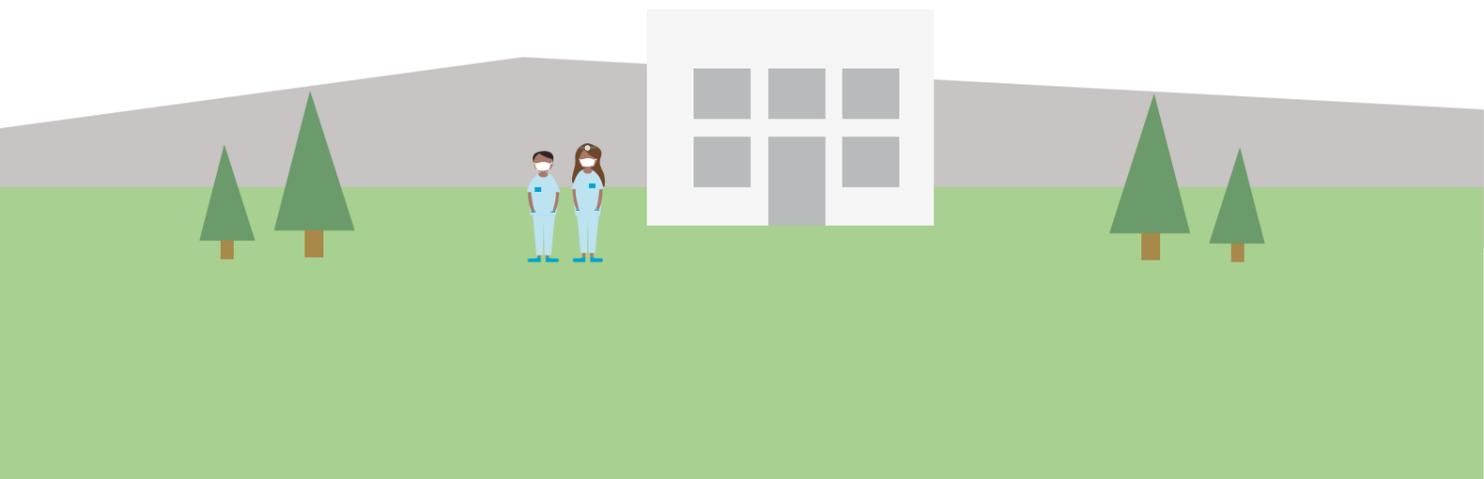
We visited a number of health board managed practices, and a key finding, particularly in North Wales, was that the health board should review the separation of its role as commissioner and provider of services.

The high use of locum GPs, particularly in managed practices, meant that continuity of care for patients was difficult to achieve.

Staff training could be improved in a number of practices, particularly in safeguarding. In addition, a number of practices could not demonstrate their staff had had appropriate pre-employment checks, for example a certificate from the Disclosure and Barring Service (DBS).

# Dental

In 2017-18 we continued our programme of inspections of general dental practices in Wales. This year we inspected 104 practices, including 6 follow up inspections. Some practices offer private only dental treatment, some offer a combination of NHS and private dental treatment and others provide NHS only services. During these visits we explored how dental practices met the standards of care set out in relevant legislation and guidance, including the Health and Care Standards and the Private Dentistry (Wales) Regulations.



---

*For someone who had a fear of seeing a dentist, they have completely turned me around and I now really have no fear at all.*

- Patient, Betsi Cadwaladr

---

## Findings

Patients told us they were happy with the treatment they received from their dental team. Staff interaction we saw with patients was positive and professional, and patients were treated with dignity and respect. Many, but not all, practices had processes in place to proactively seek feedback from patients. Patients told us they had enough information about oral health promotion; and we found evidence that patients were usually informed of the risks, benefits and alternative treatments.

Practices were clean and tidy, and it was unusual for us to make recommendations for improvement to the state of equipment or clinical facilities. Decontamination (sterilisation) arrangements and procedures relating to radiographic procedures (x-rays) were of a good standard. However, in several areas practices did not regularly undertake activities that promote improvement, such as taking part in peer review or additional clinical audits.

In almost every dental practice inspection we made recommendations to improve the quality of patient records. The main themes were:

- Justification of radiographs
- Recording of soft tissue examination (BPE)
- Documentation of oral cancer screening
- Recording of patient consent
- Updating patient medical history at each appointment

We issued 13 immediate assurance letters highlighting a range of issues that required immediate remedial action. The main reasons were around decontamination practices that were not compliant with WHTM-01-05, inadequate evidence to demonstrate effective infection control, missing immunisation records and staff working at the practice not having completed mandatory CPR training.

Most practices had effective systems to support overall practice management. We made recommendations for improvement relating to safeguarding children and adults at risk in a number of practices, and some practices could not demonstrate that up to date DBS checks had been carried out for relevant staff. In some cases, policies and procedures needed to be updated, and in many practices we found staff had not undertaken all relevant training.

*This dental practice put the smile back on my face 26 years ago, and still keeps me smiling*  
- Patient, Hywel Dda

*Dentists are always helpful in regards on how to have better oral hygiene, as well as the nurses*  
- Patient, Hywel Dda

*I am a very happy patient of the dental practice. Always happy faces and always very clean. Can't recommend enough*  
- Patient, Cardiff and Vale

# Mental Health and Learning Disabilities

HIW has specific responsibilities to monitor the Mental Health Act 1983. Throughout 2017-18 we conducted 11 inspections of Mental Health units in the NHS and 12 independent sector inspections. As part of these inspections we monitored the use of the Mental Health Act across 50 wards. In addition, we undertook two follow up inspections of learning disability settings to check progress against our previous recommendations for improvement.

## Findings

We saw evidence of individualised, patient focussed care across Wales. Patients and relatives we spoke to were, overall, positive about the care, support and treatment they received.

We saw positive team working across many inspections, with good multidisciplinary working and effective management and leadership. In some areas the number of vacancies was having an impact on staff. The impact of vacancies in nursing and multidisciplinary teams was also noted in the independent sector. We found that staff training levels could be improved in some areas across the NHS. Staff training levels were generally not a cause for concern in our independent sector inspections.

We made recommendations for improvements to the environments of many wards we visited. We saw garden areas that required investment, fencing, and wards where there were several outstanding maintenance/estates issues. Some environmental issues impacted on patient privacy and dignity, and some on patient safety. Our significant concerns about the environment of one unit (Ablett, Betsi Cadwaladr) led us to conclude that the unit was not fit for purpose and not conducive to providing safe care.

Again this year we did not find any major failings regarding the administration of the Mental Health Act throughout Wales. Generally there is good compliance in both the NHS and independent sector. We found that statutory documentation required by the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards was completed to a high standard in NHS inspections. We made some recommendations for improvements to documentation in some independent settings.

We made a number of recommendations relating to medicines management across all our inspections, and we sought immediate assurance relating to medicines management at one NHS learning disability setting. Medicines were not always stored at the correct temperature, unlocked medicine cabinets meant that medicines were not always stored securely, and we identified missing information on drugs charts.

We took non compliance action in two independent mental health settings relating to the excessive use of physical restraint and seclusion. We suspended the registration of another independent setting because we identified a number of issues during our inspection that indicated a significant risk to patient safety.



# Other Independent Healthcare

Our inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000, the requirements of the Independent Health Care (Wales) Regulations 2011 and to establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales. We aim to inspect these services at least every three years, but may visit more often if required as a result of intelligence or service changes.

## Findings

### Lasers

- On all but one inspection we concluded that patients were provided with detailed information to help them make an informed decision about their treatment
- In the vast majority treatment rooms were clean and tidy
- All services were committed to providing a positive experience for patients
- In over half of the inspections we identified that the service's statement of purpose and patients' guide needed to be updated
- Policies and procedures were not reviewed regularly and therefore we not up to date. In some circumstances vital policies required by the Regulations were not in place.
- Some services needed to undertake activities that focussed on improving the service offered to patients
- Overall the need to issue non-compliance notices was low and on the occasions they were necessary were issued for the following reasons:
  - Arrangements for the maintenance of fire safety equipment (extinguishers)
  - Arrangements for the support of an Laser Protection Adviser and review of the local rules
- Lack of evidence to demonstrate laser equipment had been serviced and calibrated
- Using a laser machine that was not registered with HIW

### Independent Clinics

- Patient feedback was very positive across all services inspected
- In most inspections we commented favourably on the information provided to patients before and after treatment
- Overall the standard of patient record keeping was very good, with detailed records kept in a safe environment
- Where medication was administered within the establishment it was done so in a safe manner
- We recommended at several establishments that the arrangements for staff appraisals and training needed to be improved

Key documents such as the Statement of Purpose and Patients' Guide needed to be updated to ensure they reflected the current status of the service

---

*The service I get at clinic is outstanding. I am always made to feel extremely welcome. The staff are absolutely fantastic and always offer excellent advice, they are friendly, lovely and always smiling and happy to help*

- Patient, Independent Clinic

---

### Hospices

- In all services inspected staff demonstrated a very caring and courteous approach to patients. Interactions between staff and patients were dignified and respectful
- Patients and their relatives told us that they were very happy with the care they had received
- In two of the three hospices inspected we found the environment to be of an excellent standard with meals provided that were appetising and wholesome.
- Staff understanding of Deprivation of Liberty Safeguards (DoLs) and the Mental Capacity Act needs to be improved through training
- A wider range of audits and improvement activities are required to focus service improvement
- We identified serious concerns with the level of clinical care provided at one service. This resulted in the issue of a Non-Compliance Notice and the service voluntarily ceased to provide overnight (respite) care until improvements to policies, processes and staffing are made.

*Patients and service users are cared for but it can sometimes feel this is above the wellbeing of the staff*

- Staff member, Independent Clinic

### Acute Hospitals

- Patients expressed a high level of satisfaction with the services/treatments they had received across all services we inspected
- We observed dignified and courteous care being provided by professional and friendly staff
- We identified some areas of noteworthy practice
  - NHS staff being invited to join training opportunities
  - Patients being contacted 30 days after surgery to determine whether they had experienced any symptoms of infection post-operatively
- Three out of the four services inspected were not able to provide evidence that the Responsible Individual had undertaken visits in accordance with Regulation 28 of the Independent Health Care (Wales) Regulations 2011.
- Evidence of maintenance checks was not available during two inspections. In one instance this resulted in a Non-Compliance Notice being issued because the service had not tested, serviced or maintained the back-up generator on a regular basis

# Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposures) Regulations (IR(ME)R). The Regulations are intended to protect patients from hazards associated with ionising radiation.

## Good practice

We made no recommendations for improvement following our inspection of Morriston hospital's Cardiac Department (ABMU). An innovative training programme had been developed which had been designed to promote patient safety. We also saw good commitment to sharing good practice at our Singleton inspection, including an invitation to other departments to our feedback session.

---

*The staff in the department are excellent. The atmosphere is always friendly and welcoming as well as professional and technically competent.*

– Patient, ABMU

---

During 2017-18 we completed 4 IR(ME)R inspections. We also received 18 notifications of incidents where patients had been exposed to ionising radiation at a dose 'much greater than intended'. Given the specialist nature of this work, HIW accesses expert advice from the Medical Exposures Group of Public Health England.

## Findings

Patients were generally happy with the care they received. However, we found that improvements could be made to the environment in two areas we visited, to further promote the privacy and dignity of patients.

We saw that ageing and inefficient equipment was having an impact on the timeliness of patient care in one area (Singleton, ABMU).

We saw some excellent examples of IR(ME)R compliance where procedures required under the Regulations were up to date, clear and concise. We also saw some areas where employer's procedures needed to be updated and improved.

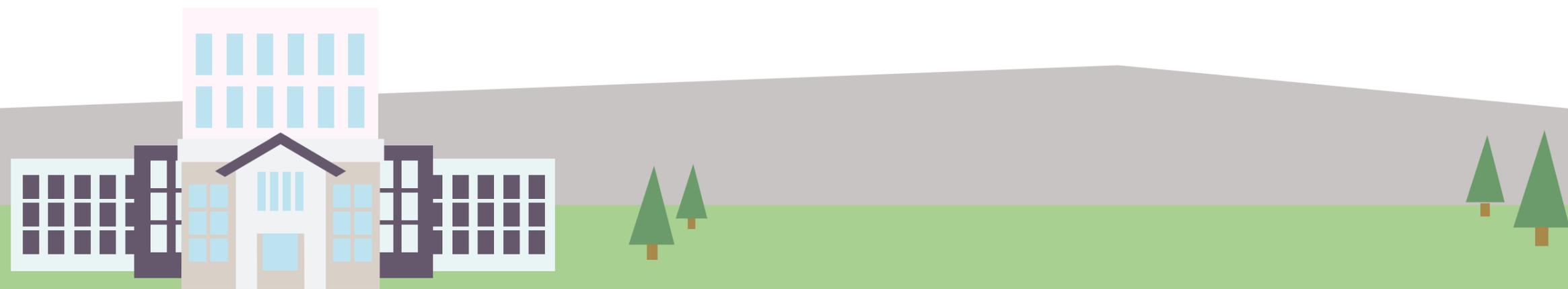
*Very welcoming, efficient and courteous.*

*Explained procedure carefully and in full detail.*

- Patient, Powys

Staff across all IR(ME)R inspections had a good understanding of their responsibilities under the regulations and were aware of the risks associated with ionising radiation. Senior staff provided effective management and leadership.

Although we saw an example of an innovative training programme for relevant staff at Morriston hospital (ABMU), staff training records across the other IR(ME)R inspections were not always complete.



# Offender Healthcare

The Prisons and Probation Ombudsman (PPO) is required to undertake an investigation of every death that occurs in a prison setting. HIW contributes to these investigations by undertaking a clinical review of all deaths within a Welsh prison or Approved Premises. This arrangement is defined within a Memorandum of Understanding between the PPO and HIW. Our reviews critically examine the systems, processes and quality of healthcare services provided to prisoners during their time within prison or Approved Premises.

Since 1 April 2017, we have been commissioned to complete six clinical reviews on behalf of the PPO.

## Good practice

Staff at HMP Usk were commended for the strong lead taken in developing relationships with other care providers within Aneurin Bevan University Health Board, including the establishment of a steering group to develop more integrated palliative care at the prison. There were also positive comments regarding nursing care at HMP Parc.

## Findings

- Generally our death in custody reviews concluded that the care provided to prisoners in Wales was the same or better than would be expected in the community.
- We noted good relationships between prison healthcare staff and staff from health boards, for example, staff at HMP Usk/Prescoed have good working relationships with Aneurin Bevan UHB, and good links were described between staff at HMP Swansea and the local Community Mental Health Team.
- We made recommendations for improvement in the assessment and review of prisoners by medical staff after admission to prison including:
  - a system to ensure doctors routinely review the previous GP records of prisoners when these records become available after admission
  - assessment of any chronic health conditions which require local hospital management as soon as possible after admission

### HMI Prison inspections

Inspections of prisons in Wales are undertaken by Her Majesty's Inspectorate of Prisons (HMIP). There is a Memorandum of Understanding in place between HMIP and HIW, and we are invited to attend the HMIP inspections of Welsh prisons. These mechanisms enable us to share our learning from clinical reviews of deaths in custody and also to consider the governance of prison healthcare. During 2017-18, we attended three HMIP inspections, at HMP Swansea, HMP/YOI Parc (Bridgend) and HMP Usk/Prescoed.

## Findings

The inspection of HMP Swansea was critical of many aspects of prison healthcare. It noted:

- clinical governance was underdeveloped
- there were "chronic" nursing and medical vacancies
- clinical treatment for newly arrived prisoners withdrawing from opiates was inadequate and clinical monitoring in the early days was found to be poor
- dentist and optician waiting times were too long
- mental health provision was inadequate for the high level of need

The inspection of HMP/YOI Parc focussed on the Young Persons Unit and was broadly positive.

The inspection of HMP Usk/Prescoed confirmed that overall the health care provision was reasonably good, although waiting times for dental appointments were excessive.

# Community Mental Health Teams

During 2017-18 HIW undertook inspections as part of its thematic review into Community Mental Health Teams. These inspections took place jointly with the Care Inspectorate Wales (CIW). The full thematic review is due to be published in Autumn 2018, but key findings from our inspection activity are below.

---

*Staff were knowledgeable, committed and professional, and we saw some excellent examples of multi-disciplinary team working.*

---

Feedback from service users, relatives and carers was generally positive. We saw care that was person centred and involved all parties in the planning and delivery of care.

Staff were knowledgeable, committed and professional, and we saw some excellent examples of multi-disciplinary team working. We saw that CMHTs often had good links with others, such as the mental health crisis team, outreach and recovery teams, and third sector organisations.

We identified improvements were required to ensure all staff received mandatory training, for example in safeguarding.

Across many areas we identified that there was a lack of psychology provision. There were often long waits for people to have support from psychology or other therapy services.

Whilst we saw effective referral systems, there was an inconsistency of care documentation across many areas. Care plans and relevant assessments were completed to a variable standard. This was not assisted by inefficiencies in the information technology to access electronic patient records.

We found that improvement was required to medicines management in some areas. In particular, records and storage of drugs at correct temperatures.

In many instances we found environmental issues at CMHT buildings which directly impacted upon the privacy, dignity, quality of care and safety of service users and staff.

In some CMHTs we found staff vacancies which resulted in increased pressures on case loads. We saw that in some cases, as a result of staff vacancies, consultants were used as care co-ordinators. This presented difficulties for them in balancing their large, complex workloads with the role of care co-ordinator.



# Aneurin Bevan UHB

Overall, wherever we inspected we found dedicated staff who were committed to providing high quality care to patients.

4 out of 5 GP inspections resulted in the need for an immediate assurance letter. The challenge of sustaining the GP service is well known but the health board should consider how best it can support its GP population to ensure these findings are not prevalent again next year.

It is positive to see that the health board has taken meaningful action to tackle significant recommendations made by HIW last year. For example, the health board has introduced a new process for oversight of HIW's recommendations through the Quality and Patient Safety Committee, and has resolved the relationship difficulties with prison healthcare staff.



## Hospitals

- |  |  |
|--|--|
| ✓ Patient feedback was positive  | ✗ Some recommendations from previous inspections had not implemented.  |
| ✓ We saw staff treating patients in a caring and respectful manner at all times.             | ✗ Various issues with record keeping.  |
| ✓ Good multi-disciplinary team working including with social care colleagues at Monnow Vale. | ✗ Inconsistencies in the recording of medicines in patient notes and issues with temperature control of medicines.       |
| ✓ Dedicated staff teams were well supported by local and senior management.                  | ✗ At Monnow Vale there were often delays in patients getting their take home medication when they were being discharged. |

## Mental Health

- |   |  |
|---|--|
| ✓ Good team working across all inspections  | ✗ Garden areas require investment at Ysbyty Ystrad Fawr and Ysbyty Tri Chwm  |
| ✓ Good access to daily activities in Ysbyty Aneurin Bevan and Llanfrechfa Grange including at weekends. | ✗ Recommendations for improvement were made about documentation and records at all sites except Ysbyty Ystrad Fawr |
| ✓ Good monitoring of participation  | ✗ Variability of advocacy provision  |
|   | ✗ Aspects of the environment were impacting negatively on patients' privacy and dignity at Ysbyty Tri Chwm         |

## Dental

- |   |   |
|---|---|
| ✓ Staff interaction with patients was professional, kind and courteous. | ✗ Practices need to do more to promote improvement, including encouraging feedback from patients.                       |
| ✓ Clinical facilities were well equipped and visibly clean and tidy.    | ✗ Adult and child protection policies were not updated and not all staff had been trained appropriately for their role. |
| ✓ Dental equipment was well maintained and regularly serviced.          | ✗ Various issues with record keeping  |

## GP

- |  |   |
|--|---|
| ✓ Patients gave positive feedback about their care and about practice staff                                | ✗ Patient identifiable information was not managed appropriately  |
| ✓ Some practices worked well with patients groups, voluntary organisations and carers to improve services. | ✗ Environmental factors had a negative impact on patients' privacy and dignity in some practices.                         |
| ✓ In most practices there were arrangements in place to promote safe and effective patient care            | ✗ Fire and health & safety risk assessments were not always completed   |
|  | ✗ Internal communication to make sure action is taken on matters such as test results and referrals needs to be improved. |
|  | ✗ Various issues with record keeping in all but one inspection.   |
|  | ✗ Adult and child protection policies were not updated and not all staff had been trained appropriately for their role.   |

# Abertawe Bro Morgannwg UHB



Overall, we saw safe and effective care across all sites we visited. Patients reported they were happy with the care they received, We found no immediate assurance issues in the mental health inspections we undertook, and management was generally good.

The inspection of the cardiac department at Morriston hospital was particularly positive. We looked at the way the department was meeting the Ionising Radiation (Medical Exposure) Regulations and made no recommendations for improvement.

Staffing was a recurrent theme across many hospital and mental health inspections, and the impact of vacancies was felt across nursing, medicine and other healthcare professionals. We also identified staff training as an area for improvement across all inspection areas. Issues with maintenance and the improvement of clinical environments were identified at a range of settings during last year's inspections. Again this year we found environmental/estates maintenance issues in many areas.

## Hospitals

- |  |   |
|--|---|
| ✓ Patient feedback was positive.   | ✗ Staffing levels were an issue at Singleton, Morriston and Princess of Wales.      |
| ✓ We saw patients being treated with dignity and kindness.                                   | ✗ Staff training was a problem across all inspections.                              |
| ✓ Some innovative use of pharmacy technicians in Singleton.                                  | ✗ Recommendations for improvement were made about documentation in all inspections. |
| ✓ Morriston Emergency Department was calm and well coordinated despite being extremely busy. | ✗ Settings did not always check medicines were stored at the correct temperature.   |
| ✓ There had been improvement in Gorseinon since our previous visit.                          |   |

## Mental Health

- |   |  |
|---|--|
| ✓ Positive feedback from patients and staff.  | ✗ Settings did not always check medicines were stored at the correct temperature.  |
| ✓ Advocacy information was provided at all sites.   | ✗ Several building maintenance issues identified   |
| ✓ We saw individualised, patient focussed care across all wards with detailed patient care records        | ✗ Staff training could be improved. In some areas staff told us they found it difficult to access face to face training. |
| ✓ All legal documentation was completed to a high standard, and in Glan Rhyd was described as 'excellent' |  |
| ✓ Effective leadership and management across all wards  |  |
| ✓ Management of controlled drugs was good   |  |

## GP

- |   |  |
|---|--|
| ✓ Positive cluster working was identified in all 4 practices      | ✗ No practice had a patient participation group  |
| ✓ Clear management structures at all 4 practices                  | ✗ Issues with staff training records at all 4 practices, some staff had not had annual appraisals. |
| ✓ Safe medicines management arrangements in 3 of the 4 practices. | ✗ Improvements to record keeping were identified at all 4 practices                                |
|   | ✗ Patients told us about difficulties in getting an appointment at 3 of the 4 practices.           |

## Dental

- |   |   |
|---|---|
| ✓ Patient feedback was positive.  | ✗ CPR training for staff was not up to date in a more than half of practices we inspected.                              |
| ✓ Clinical facilities were well equipped and visibly clean and tidy.                        | ✗ In more than half of practices, there was no system to ensure emergency drugs and equipment were in date.             |
| ✓ Thorough processes for cleaning and sterilising dental instruments.                       | ✗ Various issues with record keeping in all but one practice.   |
| ✓ X-ray equipment was being used safely.  | ✗ Adult and child protection policies were not updated and not all staff had been trained appropriately for their role. |
| ✓ Most practices had considered the accessibility needs of patients with impaired mobility. |   |

## IR(ME)R

- |   |   |
|---|---|
| ✓ Very positive inspection of the Cardiac department at Morriston. Procedures were up to date, clear and concise; staff had a good awareness of their responsibilities; and senior staff provided effective management and leadership. An innovative training programme was in place which aimed to promote patient safety. | ✗ Improvements could be made to the environments to promote the privacy and dignity of patients.                |
| ✓ Good commitment to learning and sharing good practice at Singleton  | ✗ Ageing equipment in Singleton required significant maintenance and meant longer cancer patient waiting times. |
|   | ✗ Understaffing in Singleton had a direct negative impact on performance.                                       |

# Betsi Cadwaladr UHB

Despite some signs of improvement during the HIW/Wales Audit office joint review, significant challenges remain for the health board in developing a clear plan for how clinical services in North Wales should be reshaped, and strengthening learning and quality improvement.

HIW wrote to the health board expressing concerns over the leadership of its mental health service, and potential impact on patient care, with specific reference to community mental health services. Challenges also remain for the health board in ensuring that it can provide a safe and effective standard care in the Ablett Unit. Some of the issues we found at Ablett were also apparent during our visit in June 2014, despite the health board providing assurance that these issues would be resolved.

Three of the four hospital inspections resulted in immediate assurance issues having to be addressed. Two hospitals were able to take immediate action on the day of the inspection to address these issues. We also had to write to the health board to seek further assurances on its improvement plan relating to our Learning Disability inspections from 2015/16. This was because the health board provided us with limited assurances in its initial response. The health board's second response was more comprehensive and accepted by HIW.



## Hospitals

- |   |  |
|---|--|
| ✓ Patients were happy with the care received  | ✗ Several issues around staffing recruitment and retention   |
| ✓ One inspection found good practice around infection control                             | ✗ Ward environments should be more dementia friendly, including more use of pictorial signage  |
| ✓ Staff were open and engaging and helped patients in a dignified manner                  | ✗ Standards of medicines management were not acceptable at Wrexham Maelor, with medication being stored in a fridge that was not safe and secure |
| ✓ We saw good practice using volunteers to spend time talking with patients               | ✗ Inconsistent management of patients waiting to be admitted from an ambulance into hospital at Wrexham  |
| ✓ Good arrangements for patients and their families to give feedback on their experiences |  |

## Mental Health

- |  |  |
|--|--|
| ✓ Positive staff groups who told us they felt supported by management                      | ✗ Significant concerns at the Ablett Unit leading us to conclude that the environment of the two wards we visited was not fit for purpose, and not conducive to providing safe care. |
| ✓ Good evidence of individualised patient focused care                                     | ✗ We made recommendations about medicines management arrangements across several of our inspections  |
| ✓ All legal documentation was completed to a the required standard                         | ✗ Concerns about the medical support arrangements for Bryn Hesketh due to it being a stand-alone ward  |
| ✓ The refurbishment of Bryn Hesketh had improved the dementia friendliness of the hospital |  |

## GP

- |  |  |
|--|--|
| ✓ Patients gave positive feedback about their care and about practice staff  | ✗ Practices need to update their websites and leaflets with the most up to date information      |
| ✓ Arrangements to promote safe and effective patient care at most practices  | ✗ The health board should consider reviewing the practice development plans of managed practices |
| ✓ Staff teams were patient centred and committed to delivering a high quality service to their patients  |  |
| ✓ Robust internal communication systems to ensure that there were no unnecessary delays in processing referrals, correspondence and test results |  |

## Dental

- |   |   |
|---|---|
| ✓ Patients were treated with dignity and respect  | ✗ There was a lack of adequate emergency equipment in many practices                                  |
| ✓ Patients were clear about treatment costs and options   | ✗ Practices could improve the way they provide patients with feedback following suggestions submitted |
| ✓ Most practices were well run with effective systems to support practice management and leadership | ✗ Various issues with record keeping  |



Inspections carried out across the health board during 2017/18 were broadly positive.

A number of our reports refer to committed and passionate staff with patient feedback being positive. Our findings in both inpatient and community mental health services are broadly positive, although we have made some recommendations in these areas.

Medicines management issues continue to be the main area for improvement across a range of inspection types. Where services are stretched, some of the basic but fundamental procedures are not being followed, for example, checking drugs fridge temperatures.

There is scope for improvement in the quality of patient records across mental health, primary and secondary care. It is clear that some general practices are under pressure in terms of patients' ability to make appointments.

## Hospital

- |  |  |
|--|--|
| ✓ Positive feedback about the way staff interacted with children and parents                         | ✗ Some issues remain unresolved from our previous inspection in 2015 - information to patients/relatives in relation to managing concerns; quality of record keeping and medicines management. |
| ✓ Positive use of a monthly patient experience survey  |  |
| ✓ Positive comments from staff about the induction process and support they received from mentors    | ✗ Fragmented inpatient care for some children over the age of 16 with scope for improvement in transition arrangements   |
| ✓ Sufficient time was allocated for staff to complete on-line training to support them in their work |  |

## Mental Health

- |  |   |
|--|---|
| ✓ Care was provided to a high standard by a passionate team and in a respectful manner                   | ✗ Support is needed to minimise the isolation of Llanvair Unit should a medical emergency occur |
| ✓ Good multi-disciplinary team working and collaborative working with community mental health teams      | ✗ We made a number of recommendations about medicines management arrangements                   |
| ✓ Legal documentation was completed to the required standard   | ✗ Staff need to complete mandatory training and the level of staff appraisals needs to improve  |
| ✓ Patients were able to provide feedback via monthly questionnaires and community meetings held on wards | ✗ Some environmental improvements were required   |
| ✓ On the whole, the hospital environments appeared well maintained                                       |   |

## GP

- |  |  |
|--|--|
| ✓ Patients broadly happy with the service that they receive, although access to an appointment was an issue at two practices | ✗ The quality of record keeping was variable - good in two practices and an issue in the other two                     |
| ✓ We saw committed staff and good leadership   | ✗ There was scope for improvement in checks on staff, including DBS and professional registration                      |
| ✓ Practices were focused on future development, although few written plans exist   | ✗ Some practices needed to improve their governance systems  |
|  | ✗ Adult and child protection policies were not updated and not all staff had been trained appropriately for their role |
|  | ✗ We made recommendations about checking emergency equipment   |

## Dental

- |   |  |
|---|--|
| ✓ Clinical facilities were well equipped and visibly clean and tidy                                 | ✗ Various issues with record keeping   |
| ✓ Good processes for cleaning and sterilising dental instruments                                    | ✗ Inadequate systems to review and replace expired emergency drugs and equipment                   |
| ✓ Appropriate arrangements for handling, storing and disposing of hazardous and non-hazardous waste | ✗ All relevant staff should have disclosure and barring service (DBS) check                        |
| ✓ Practices were good at assessing/taking account of patients' views                                | ✗ Not all staff had been trained appropriately for their role regarding adult and child protection |
|   | ✗ Complaints procedures were not always compliant with 'Putting Things Right'                      |
|   | ✗ It was unusual for practices to have formal arrangements in place for peer review                |

## IR(ME)R

- |   |  |
|---|--|
| ✓ Patients were happy with the care they received   | ✗ Staff training records were incomplete (this was also a recommendation in HIW's inspection in August 2010) |
| ✓ Staff were aware of the risks associated with ionising radiation and their responsibilities.            | ✗ Updates and improvements were needed to aspects of the employers IR(ME)R procedures                        |
| ✓ Senior staff provided effective management and leadership   |  |
| ✓ Staff were 'dose aware' making every effort to expose patients to the lowest possible dose of radiation |  |

# Cwm Taf UHB

Overall patients told us they were happy with the care they received.

Staffing was a theme across hospital and mental health inspections.

We found sustained improvement had been made by the health board in a number of areas during our follow up inspection of Ysbyty Cwm Rhondda.

We found good engagement between the health board and GP practices.



## Hospitals

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>✓ Patients reported that staff were kind and sensitive when carrying out care and treatment.</li> <li>✓ We found evidence of good leadership and management at ward level</li> </ul> | <ul style="list-style-type: none"> <li>✗ Staffing levels and staff retention were an issue that had been escalated by ward staff</li> <li>✗ Some staff told us they were not always empowered to speak up and take action when issues arose.</li> </ul> |
|---|---|

## Mental Health

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ On two of the wards visited there had been an increase in nurse staffing levels</li> <li>✓ Good multi-disciplinary team working and collaborative working with community teams</li> </ul> | <ul style="list-style-type: none"> <li>✗ Issues with the upkeep and maintenance of the environment</li> <li>✗ Lack of full time cover of domestic and occupational therapy staff, which impacted on nursing staff</li> <li>✗ The medicine fridge on one ward was not locked which meant that drugs were not being maintained securely</li> </ul> |
|--|--|

## GP

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>✓ Good engagement between health board and the practice team.</li> <li>✓ Practices had noticed that discharge summaries from secondary care had improved.</li> <li>✓ The majority of practices had information boards specifically for carers and had a nominated staff lead for carers.</li> <li>✓ In one practice, we saw innovative use of technology for booking nurse appointments, e-consultations and usage of social media for younger patients.</li> </ul> | <ul style="list-style-type: none"> <li>✗ Impact of the high use of locum GPs on the continuity of care for patients across the health board managed practices</li> <li>✗ Patients informed us that they wished to see improvements to the experience of making appointments and improved access to appointments.</li> <li>✗ Some aspects of record keeping need to be improved</li> </ul> |
|--|---|

## Dental

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ Practices routinely assess patients' views via feedback forms and questionnaires and act upon them.</li> <li>✓ Practices consistently provide patients with oral health promotion, cancer screening and smoking cessation advice.</li> <li>✓ Suitable policies were in place for Child and Adult protection, with the majority of staff trained appropriately.</li> </ul> | <ul style="list-style-type: none"> <li>✗ Over half of the practices do not engage in peer review.</li> <li>✗ We made recommendations for improvement to documentation and record keeping at most practices.</li> </ul> |
|--|--|

# Hywel Dda UHB

Overall, patients told us they were happy with the care they received, and we saw patients being treated with dignity and respect. Medicines management was in issue in some hospitals, mental health inspections and in the community mental health team.

Record keeping was an issue across many inspections including community mental health, dental practices and in our surgical inspection. We identified environmental improvements were required in many areas including dental practices, learning disability residential units and community mental health.



## Hospitals

- |   |  |
|---|--|
| ✓ Patients were treated with dignity and respect  | ✗ Mechanisms for patient feedback need to be strengthened  |
| ✓ Services were patient focused   | ✗ Prescribing and management of oxygen needs to be improved  |
| ✓ Considerable effort to prevent pressure damage was evident at our surgical inspection   | ✗ Infection control procedures need to improve   |
| ✓ A reminiscence room had been developed on Sunderland ward.  | ✗ Issues were noted with the management, transfer, prioritisation and discharge of elderly trauma patients |
| ✓ The Executive team were focused on the quality of care patients receive and were very willing to work with HIW to improve patient care. | ✗ Immediate assurance was required in relation to medicine management                                      |
|   | ✗ Improvements are needed in continence care planning.   |
|   | ✗ Staff and skill mix needs to be reviewed.  |

## Mental Health

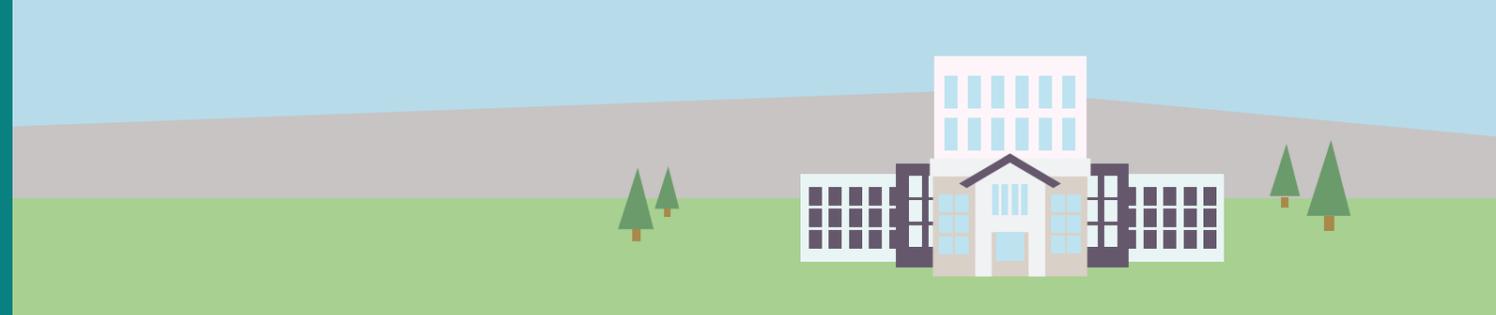
- |   |  |
|---|--|
| ✓ Staff were knowledgeable and caring and there are good multi disciplinary relationships between teams | ✗ Learning disability units need to improve the management support offered to staff                    |
| ✓ Legal documentation was completed to a the required standard  | ✗ More effort needs to be made to offer independent advocacy.  |
| ✓ Care is individualised and patient focused  | ✗ Immediate assurance in relation to medicine management at one learning disability setting            |
| ✓ Both learning disability units had demonstrated significant improvements since our last inspections   | ✗ An audit of medication charts is required  |
|   | ✗ Immediate assurance was required in relation to some environmental issues including securing fencing |
|   | ✗ Robust alarm systems are required to support staff and patients.                                     |

## GP

- |   |   |
|---|---|
| ✓ Patients were treated with dignity and respect at all practices | ✗ Chaperone facilities and training needed to be improved                       |
| ✓ Friendly staff teams  | ✗ Staff were not always trained in child protection                             |
| ✓ Good record keeping   | ✗ Practices were not always providing information about how to make a complaint |

## Dental

- |   |  |
|---|--|
| ✓ Patients were informed about the risks, benefits and alternatives treatments in all practices.  | ✗ Various issues with record keeping   |
| ✓ All practices had processes for seeking feedback from patients.                                 | ✗ All relevant staff should have disclosure and barring service (DBS) check                        |
| ✓ All practices had premises which were fit for purpose and did regular health and safety checks. | ✗ All practices need to consider providing patients with feedback following suggestions submitted. |



Patients across primary and secondary services received good quality care and treatment. Patient and staff interactions across primary and secondary care services were very good, demonstrating courtesy and dignity at all times. Medication was well managed and safe practice was clearly evident. Significant improvements were required to the external environment of Ystradgynlais Hospital in order to make it safe and accessible for patients.

GP services should consider the provision of sufficient privacy for patients to have private discussions about treatment options. Ensure the appropriate Staffing levels and evaluations of caseloads for community mental health services. Improvements were required in relation to the provision of Welsh language.

## Hospitals

- |  |  |
|--|--|
| ✓ All patients were treated with courtesy and dignity.                             | ✗ Significant improvements were required to the external and internal environments in order to promote safety, privacy and dignity for patients. |
| ✓ All patients received good quality care and treatment.                           | ✗ Security of patient information displayed in the nursing office required improvements in order to maintain confidentiality.                    |
| ✓ Medication was well managed.   | ✗ Medication room temperature monitoring is required.  |
| ✓ The ward manager was passionate and motivated to provide excellent patient care. | ✗ Patient records requires evaluation and improved organisation.   |
|  | ✗ Staff training and annual appraisals requires improvement.   |

## Mental Health

- |   |   |
|---|---|
| ✓ Patients and relatives were very positive in relation to the care, support and treatment provided | ✗ Physical Health service provision could be improved |
| ✓ Care was holistic and individual to the needs of patients   | ✗ Medication management needed improvement            |
| ✓ Patients records and assessments were completed to a comprehensive standard                       | ✗ Improvement required to Welsh language resources    |
| ✓ Staff worked in a meaningful and collaborative manner   |   |
| ✓ Senior ward nurses provided leadership, guidance and support to all members of ward staff.        |   |

## GP

- |   |  |
|---|--|
| ✓ Staff were kind, polite and place an emphasis on ensuring good quality and safe services to patients. | ✗ There was not enough privacy for patients to have private discussions.                             |
| ✓ The physical environment was of a good standard.  | ✗ Improvements required in relation to the utilisation of the Welsh language resources / provisions. |
| ✓ Appointment booking was relatively easy.  | ✗ All relevant staff should have disclosure and barring service (DBS) check.                         |

## Dental

- |   |  |
|---|--|
| ✓ Practices provide a friendly and professional service to their patients.  | ✗ Introduce a programme of clinical audits to ensure good practice |
| ✓ Patients are informed of the risks, benefits and alternative treatments so that they can make an informed decision prior to agreeing to treatment | ✗ Improvements needed to record keeping                            |
| ✓ Induction programme for all new staff   | ✗ Training records should be up to date for all relevant staff     |
| ✓ Procedures in place for dealing with complaints is compliant with 'Putting Things Right'.   |  |

## IR(ME)R

- |   |  |
|---|--|
| ✓ Positive improvements since our previous inspection.  | ✗ A number of the procedures would benefit from being reviewed and further revised to reflect current practice   |
| ✓ A training matrix had been developed which was to be used by other departments within the health board. | ✗ The written procedure concerning reporting incidents must be updated to accurately reflect the information to be reported to HIW in the event of a reportable IR(ME)R incident.                  |
| ✓ Written procedures and protocols had been updated.  | ✗ Further work is required to demonstrate that staff performing practitioner and operator functions are appropriately trained, competent and entitled to do so within an agreed scope of practice. |

# NHS Trusts – Public Health Wales, Velindre, Welsh Ambulance Service Trust

## Public Health Wales

HIW attended PHW's quarterly quality safety and improvement committees throughout 2017-18. We have seen improvements to the level of detail and scrutiny provided on matters discussed by the committee.

We have seen regular discussion and update in relation to the performance of screening services.

As part of our stakeholder engagement, we have consulted with PHW regarding our review of substance misuse services across Wales. The final substance misuse report will be published in July 2018 and will have areas of interest for PHW in relation to preventing harm and raising awareness of substance misuse.

We continue to engage with PHW regarding our death in custody work in relation to prison healthcare.

## WAST

Over the last year, HIW undertook three inspections of emergency departments. On the whole, these inspections showed good working practices between hospital staff and the ambulance service.

Patients reported that they were treated with dignity and respect by ambulance staff. Patients told us that they found the ambulance crew reassuring and that they explained their care and treatment in a way that they could understand.

The lack of available beds in emergency departments means some patients are waiting on the ambulance, and some are being assessed and treated by hospital staff while still on the ambulance. This means ambulance staff experience inconsistencies in what hospital staff are willing to do for incoming patients. These inconsistencies are at all levels; health board, hospital and individual staff member.

## Velindre

HIW attended Velindre NHS Trust's quarterly Quality and Safety committees throughout 2017-18. Papers were presented in good time and were comprehensive. The discussion was both challenging and supportive, with overall discussion informed and patient/clinical focused, with an appropriate level of challenge and support.

As part of our stakeholder engagement, we undertook fieldwork at Velindre NHS Trust regarding our thematic review of patient transfer of care from hospital to general practice. At the time of our fieldwork, staff we interviewed were unclear as to their organisation's discharge processes. Whilst it was clarified that a discharge policy was being developed, this provided an indication of the need for better communication with staff to ensure they are fully up to date.

## Annex A - Commitment Matrix

The following table is a list of the objectives HIW set for itself for 2017-18, together with details of how HIW met the objective.

What we said	Measured by	Outcome
<p>Process applications to register, or changes to registration, in a timely manner.</p> <p>Ensure all applicants can demonstrate they meet relevant regulation and minimum standards.</p>	<p>Registration applications determined within 12 weeks of full and complete submission</p>	<p>There were 32 new settings and 40 new managers registered during 2017-18.</p> <p>In addition, we also completed 12 variations to existing registrations.</p>
<p>Conduct a programme of visits to suspected unregistered providers - As required</p>	<p>Number of visits undertaken</p>	<p>HIW investigated 15 services that it suspected of providing services without being registered, all of whom have confirmed that services are not being provided or they will cease and apply to be registered.</p>
<p>Deliver a programme of inspections in independent settings</p> <ul style="list-style-type: none"> <li>Approximately 37 laser</li> <li>Approximately 32 non-laser excluding mental health</li> </ul>	<p>Number of inspections undertaken</p>	<p>24 laser inspections undertaken.</p> <p>15 Non laser inspections undertaken</p>
<p>Ensure that concerns and Regulation 30/31 notifications are dealt with in a timely and professional manner</p>	<p>Number of concerns received</p> <p>Number of Reg 30/31 notifications received.</p> <p>Analysis of source and action taken</p>	<p>During 2017-18 we received approximately 349 concerns relating to either the NHS or the independent sector.</p> <p>All concerns are reviewed weekly and inform decisions about our activities and priorities.</p> <p>Independent Healthcare providers are required to inform us of significant events and developments in their service.</p> <p>There R30/31 notifications continue to be managed in line with HIW's process and dealt with effectively.</p> <p>Reg 30/31 notifications received: 705            Death in Hospice – 532            Death excluding hospice – 12            Unauthorised absence – 48            Serious Injuries - 81            Allegation of staff Misconduct 32</p>

## Annex A - Commitment Matrix - Continued

What we said	Measured by	Outcome
<p>Support legislative developments including:</p> <ul style="list-style-type: none"> <li>Implementation of the Private Dentistry (Wales) Regulations 2017</li> <li>Relevant legislative development following 'Our Health, Our Health Service'</li> </ul>	<p>Delivery of implementation plan following new dental regulations</p> <p>Responses to consultations regarding legislative developments</p>	<p>The application process for the Private Dentistry (Wales) Regulations opened on 2 April 2017. The deadline for applications was the 31 March 2018 by which time 464 applications had been received.</p> <p>We responded to the White Paper 'Services fit for the Future' which came after the 'Our Health Our Health Service' Green Paper. We continue to liaise with Welsh Government policy colleagues to highlight the challenges we face with our current legislative framework.</p>
<p>Undertake a broad inspection programme in the NHS informed by intelligence and an assessment of risk including approximately:</p> <ul style="list-style-type: none"> <li>22 focussed inspections across the acute sector</li> <li>11 specific follow-up inspections</li> <li>40 GP inspections</li> <li>100 dental inspections</li> <li>5 IR(ME)R inspections</li> </ul>	<p>Number of inspections undertaken</p>	<p>During the year we inspected 98 dental practices and undertook 6 follow up dental inspections (to practices previously inspected by us). This reduction reflects the fact that our plan is reviewed continuously throughout the year and where appropriate we adjust our work programme on the basis of intelligence and risk. It also reflects the additional work involved in implementing the Private Dentistry (Wales) Regulations 2017. We also did:</p> <ul style="list-style-type: none"> <li>15 focussed inspections across the acute sector</li> <li>13 specific follow-up inspections</li> <li>32 GP inspections</li> <li>4 IR(M)ER Inspections</li> </ul>
<p>Continue our programme of thematic work including</p> <ul style="list-style-type: none"> <li>Discharge</li> <li>Community mental health</li> </ul>	<p>Publication of terms of reference of each project</p> <p>Publication of thematic reviews</p>	<p>We undertook seven inspections of Community Mental Health Teams during the year, all of which have been published on our website, and will feed into an overall thematic report which is due to be published in Autumn 2018.</p> <p>We also continued our Discharge thematic focussing upon the quality of the discharge process from hospitals. This consists of fieldwork and interviews across all seven Health Boards, WAST and Velindre with approximately 250 individuals interviewed. This report will be published during Summer 2018.</p>

## Annex A - Commitment Matrix - Continued

What we said	Measured by	Outcome
<p>Continue our joint inspection work with UK agencies</p> <ul style="list-style-type: none"> <li>Approximately 16 death in custody reviews with the Prison and Probation Ombudsman</li> <li>Up to 3 joint reviews with HMI Prisons and HMI Probation</li> </ul>	<p>Number of inspections undertaken</p>	<p>6 death in custody reviews</p> <p>3 HMI Prisons inspections</p>
<p>Conduct a high level review of each NHS body through</p> <ul style="list-style-type: none"> <li>Further development of the Relationship Management function</li> <li>Producing an Annual Report for each Health Board and NHS Trust</li> </ul>	<p>Publication of health board and NHS trust annual reports</p>	<p>2016-17 annual reports were presented at board meetings and board development days for health boards and trusts by Relationship Managers. These contained a high level view on governance and were published in July 2017.</p>
<p>Publish annual reports summarising the themes and issues arising from our work. In particular</p> <ul style="list-style-type: none"> <li>Hospital Inspections</li> <li>Primary Care</li> <li>Mental Health Act Annual Monitoring Report</li> <li>Deprivation of Liberty Safeguards (DOLS) Annual Report</li> <li>IR(ME)R</li> <li>HIW overarching Annual Report</li> </ul>	<p>Publication of reports</p>	<p>Hospital Inspections published 27 September 2017</p> <p>General Medical Practice (GP) inspections Annual Report published 20 September 2017</p> <p>General Dental Practice Inspections Annual Report published 20 September 2017</p> <p>Mental Health Act Annual Monitoring Report published 16 October 2017</p> <p>Deprivation of Liberty Safeguards (DOLS) Annual Report published 12 April 2018.</p> <p>Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Annual Report 2016-17 published 6 September 2017</p> <p>HIW overarching annual Report published 1 August 2017</p>
<p>Undertake a programme of inspections in NHS and independent mental health settings including approximately</p> <ul style="list-style-type: none"> <li>7 NHS mental health units</li> <li>18 independent mental health units</li> <li>60 Mental Health Act visits</li> <li>3 specific follow-up inspections</li> <li>14 inspections of Community Mental Health Teams (linked to thematic)</li> </ul>	<p>Number of inspections undertaken</p>	<p>9 NHS mental health units.</p> <p>12 Independent mental health units.</p> <p>50 Mental Health Act visits.</p> <p>2 specific follow-up inspections.</p> <p>7 Inspections of Community Mental Health Teams. Since the Operational Plan for 2017-18 was published our commitment was revised to 7.</p>

## Annex A - Commitment Matrix - Continued

What we said	Measured by	Outcome
Provide a Second Opinion Appointed Doctor service for about 750 SOAD requests	Publication of Key Performance Indicators	A total of 9 KPIs have been developed and will be published on our website during 2018. Of the 9 KPI's, 3 of these relate to the timescales for HIW when a SOAD visit should take place. The other 6 relate to the responsibilities of the Health Board and independent provider when a referral for a SOAD visit has been sent to HIW
Investigate homicides as commissioned by Welsh Government as required	Publication of Terms of Reference Publication of final report	HIW were not commissioned to undertake any new homicide investigations during 2017-2018
Continue to develop our methods of communication to increase the impact of our work	Number of conferences presentations Media coverage	6 conferences were attended We received around 50 press mentions during 17-18
Hold 2 Healthcare Summits during 2017-18	Clear audit trail of healthcare summits	Two healthcare summits were chaired by HIW during the year and attended by eleven external bodies
Refresh the National Advisory Board	Description of advisory mechanics on our website	The recent White Paper 'Services Fit for the Future' raised important questions about the future governance of HIW. A decision was made to disband the Advisory Board until future Advisory Mechanisms have been agreed.
Publish reports from all our inspection and review activity in accordance with our performance standards.	Publication of reports Publication Schedule Publication of HIW performance against targets	Publication dates of all HIW reports are now published on the website publication schedule. Publication schedule can be accessed here <a href="http://hiw.org.uk/reports/schedule/?lang=en">http://hiw.org.uk/reports/schedule/?lang=en</a>
Evaluate and publish our review methodology	Methodology published	We published information about how we inspect the NHS and the independent sector.
Continue our joint work with other UK and international agencies on joint inspections and influencing best practice	Participation in joint work Progression of joint thematic on Youth with Inspection Wales.	We continue to be an active member of Inspection Wales and the Heads of Inspectorate Group; and EPSO: European Partnership for Supervisory Organisations.  We are progressing with our joint Inspection Wales thematic on youth, with a plan to progress this further during 2018-19.
Evaluate the use of voluntary lay reviewers.	Evaluation with recommendations for future action.	HIW has attracted 21 volunteers to undertake the Voluntary Lay Reviewer role during 2017-2018.  Evaluation of their use has concluded that it is working very well. HIW will look to widen and extend the promotion campaign to attract more volunteers.



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

[www.hiw.org.uk](http://www.hiw.org.uk)

**agc**  
**hiw** | Arolygiaeth Gofal Iechyd Cymru  
Healthcare Inspectorate Wales