
Aneurin Bevan University Health Board Annual Report from Healthcare Inspectorate Wales 2014-15

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Purpose

Healthcare Inspectorate Wales (HIW) is the lead independent inspectorate for healthcare in Wales. Its purpose is to provide independent and objective assurance on the quality, safety and effectiveness of healthcare services making recommendations to healthcare organisations to promote improvements.



This annual report has been produced by HIW as a summary of the activity that HIW carried out between 1 April 2014 and 31 March 2015 in the Aneurin Bevan University Health Board area.

The outcomes we seek to influence as a result of our activity within this and other health boards are that:

- Citizen experience of healthcare is improved
- Citizens are able to access clear and timely information on the quality, safety and effectiveness of healthcare services in Wales
- Citizens are confident that inspection and regulation of the healthcare sector in Wales is sufficient, proportionate, professional, co-ordinated, and adds value.

Overview

During 2014-15 HIW focussed its inspection programme to create broad coverage across the NHS by type of setting and speciality. During the year HIW has conducted 58 visits within Aneurin Bevan University Health Board, these included 7 Dignity and Essential Care Inspections (DECI), 3 Follow-up DECI's, 9 dental inspections, 4 GP inspections and 35 other types of visits (3 Laser, 19 Mental Health Act, 5 Mental Health Unit, 4 Death in Custody reviews, 3 Peer reviews and 1 slimming clinic). The locations and dates of these visits are set out below.

Key Themes

The following key themes were identified from our inspections during 2014-15.

Dignity & Essential Care Inspections (DECI)

DECI provide the core of HIW's inspection approach in NHS Wales. We have significantly increase our presence and visibility in the NHS and ensured that our findings are reported in a timely and constructive fashion which supports improvement.

Dignity and Essential Care Inspections consider four domains:

- **Patient Experience**

We continued to listen to the voice of the patient (adult and child). We established a larger pool of lay reviewers who received enhanced support and communication from HIW staff and helped us to ensure that the patients' perspective was reflected in our work.

- **Fundamentals of Care**

Our inspections continued to focus on delivery of fundamental aspects of care and patient outcomes in all healthcare settings. We have kept this under review and worked with the Welsh Government during its review of the Standards for Health Services in Wales – which incorporate the fundamental aspects of care, to ensure that we continue to align our approach with expectations of the NHS in Wales.

- **Management and Leadership**

We have enhanced our review of management and leadership to test cultures in services and organisations and to review how NHS organisations monitor their internal performance against fundamental standards of dignity and essential care.

- **Quality and safety**

We recognise the potential vulnerability of anyone accessing healthcare services and have ensured that our routine work programmes, inspection tools and work practices focussed on the extent to which healthcare service organisations provide appropriate support to ensure patients and service users in potentially vulnerable situations are safeguarded.

Inspection Themes:

- **Quality of the patient experience:**

Overall, the patient feedback received by HIW has been positive, with patients indicating that they were happy with the quality of care and treatment and found staff to be polite, conscientious, professional and respectful.

- **Delivery of the fundamentals of care**

Overall, We saw staff teams committed to delivering the fundamentals of care to a high standard. Despite this, our inspection activity did identify some consistent themes concerning aspects of the delivery of the fundamentals of care. These themes and the action required from the health board are set out below.

Communication & information – To ensure that patients and relatives are kept up to date on care and treatment information throughout their stay. Also, to make patients and relatives aware of who they can request this information from.

Respecting people – To ensure that sufficient steps are taken to safeguard the privacy and dignity of patients and in particular how the ward environment can impact this.

Promoting Independence – To ensure that patients are encouraged to be as independent as their condition allows. To make ward environments as accessible as possible to those patients with dementia/confusion, sensory and/or complex needs.

Ensuring comfort, alleviating pain – To ensure that patients' level of discomfort, pain or distress is regularly assessed and recorded and appropriate pain documentation is used and contains sufficient detail to explain the reasons for decisions made in this respect.

Personal hygiene, appearance & foot care – To ensure that the needs of all patients will be met in terms of their hygiene, appearance and foot care. Also, that ward facilities and staffing levels are adequate to support the effective delivery of this standard.

Eating & drinking – To ensure that patients are able to obtain timely and appropriate support at mealtimes in accordance with their identified needs. To ensure that it provides care and support to patients in accordance with the All-Wales Catering and Nutrition Standards.

Preventing pressure sores - ensure staff follow a consistent pathway in managing the risk of patients' developing pressure sores. Also, ensure documentation (care plans and monitoring charts) provide accurate, up to date, easy to follow assessment and guidelines for the appropriate care management of the patient in this respect.

- **Quality of staffing management and leadership**

Overall, we found committed, hardworking and experienced teams of staff providing care to patients. Despite this, our inspection activity did identify some consistent themes concerning the quality of staffing, management and leadership. These themes and the action required from the health board are set out below.

Staffing levels – To ensure that wards are adequately staffed and that staffing levels are linked to patient acuity levels and take account of current guidance in this respect.

Staff training – To ensure that deficits in workforce skills and knowledge are addressed. In particular, that staff are supported to keep up to date with mandatory training to ensure they maintain their skills and can work safely and effectively with patients.

- **Delivery of a safe and effective service**

Overall, we found systems were in place to monitor, audit and manage patient safety and the quality of the environment, care and treatment. Despite this, our inspection activity did identify some consistent themes concerning aspects of the delivery of a safe and effective service. These themes and the action required from the health board are set out below.

Medicines management – To ensure that all staff understand the correct procedures to follow regarding the storage and administration of medication and to ensure compliance with local policy and Nursing and Midwifery Council (NMC) guidelines

Documentation – To ensure that improvements are made to the recording of all aspects of patients care. Also, that all staff understand the principles and need for consistently high standards of record keeping.

NHS and/or Private dental practice inspections

HIW inspects dental services in Wales. We do this to provide independent and objective assurance of the quality, safety and effectiveness of these services. Where necessary, we also make recommendations to promote improvement.

Our inspections of Dental Practices in Wales began in August 2014. Our routine programme of dental inspections means that HIW will inspect each dental practice at least once every three years . If we receive information that a dentist might not be meeting the required standards , we might inspect more often.

Our inspections are carried out by an experienced HIW inspection manager together with an external reviewer who is a dentist with recent hands on experience of dentistry.

During our inspections we look at the following areas:

- **Patient Experience** – we ask patients what they think about the practice
- **Standards** – we examine how the practice is meeting required standards relating to specific areas of dentistry
- **Management and leadership** – we look at how the practice is run. We check that there are relevant policies and procedures to ensure that staff and patients are safe
- **Practice environment** – we look at the building and facilities at the practice to check that it is fit for purpose and safe for patients and staff

We inspect NHS dentists, dentists who do private work and dentists who do a mixture of private and NHS work. We check that dentists are meeting NHS standards and, where applicable, the legal requirements of the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

Inspection Themes:

- **Patient Experience**

Overall, the feedback received by HIW has been positive, with patients reporting high levels of satisfaction with the services provided. Despite this, our inspection activity did identify some consistent themes concerning the patient experience. These themes and the action required from the health board are set out below.

Health promotion – To ensure patients are provided with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.

Patient feedback – To ensure there is a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.

Complaints – To ensure that information for patients on how to make a complaint is accessible and consistent with the requirements of relevant guidance, standards and regulations.

- **Delivery of the standards for health services in Wales**

Overall, practices were found to be providing services that were consistent with the standards for health services in Wales. Despite this, our inspection activity did identify some consistent themes concerning the delivery of the standards for health services in Wales. These themes and the action required from the health board are set out below.

Medical histories – To ensure that up to date medical histories should be obtained for all patients and countersigned by the dentist to confirm they have been read and acted upon.

Decontamination of equipment and storage – To ensure the effectiveness of decontamination arrangements and that equipment is appropriately stored to maintain its sterility.

Infection control – To ensure the effectiveness of infection control arrangements, including the training of staff in this area.

Patient records - to ensure patient care and treatment is appropriately recorded and patient records are complete and accurate.

- **Management and Leadership**

Overall, practices were well managed and lead, with dedicated staff teams. Despite this, our inspection activity did identify some consistent themes concerning management and leadership. These themes and the action required from the health board are set out below.

Staff appraisals – To ensure that staff receive annual appraisals and that these are appropriately documented

Safeguarding – To ensure that all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.

Quality assurance – To ensure that there are more effective and proactive arrangements in place to monitor compliance with relevant regulations and standards.

- **Quality of the environment**

Overall, practice premises were found to provide safe environments for patients to receive treatment. Whilst individual practice reports have identified areas for improvement, no specific themes have emerged in this respect.

General Practice Inspections

In October 2012 the Welsh Government published 'Learning for the future – Taking forward and building on recommendations from the Robert Powell investigation'. This document detailed 9 action points, one of which was a requirement that HIW undertake a rolling programme of reviews to test the effectiveness of governance arrangements within Local Health Boards for assuring the quality of primary care.

During 2013, we reviewed the procedures and processes currently in place to assure the quality of primary care, together with information received from Local Health Boards as to their governance arrangements in this area. Our conclusions from this analysis informed the development of an inspection programme of GP Practices.

This inspection programme independently tested the service actually provided to patients by their GP. The inspections were designed to draw on existing information and self assessment tools to reduce burden for GPs and add value to those processes currently in use. We worked in a collaborative and complimentary way with Community Health Councils who already conduct site visits to GP Practices.

We established a reference group to obtain the views of a range of stakeholders including GPs, Nurses, Practice Managers, Local Health Boards, Welsh Government, Public Health Wales and Community Health Councils. This group has

provided feedback on our plans to and will continue to meet to provide challenge and advice as the programme develops.

During 2014-15 we piloted this inspection programme firstly in one specific Local Health Board, and then across Wales. These inspections focussed on the themes identified by the Welsh Government in response to the Robert Powell case, namely:

1. Better communication and involvement with patients and their families
2. Accessing and managing medical records
3. Improving communication to ensure continuity of care
4. Dealing with concerns and complaints following the death of a patient.

In future years we plan to conduct different thematic inspections of GP practices and will develop these plans in consultation with the Stakeholder Reference Group.

Inspection Themes:

- **Patient Experience**

Overall, practices were found to be providing a high standard of service, with the feedback HIW received from patients being generally very positive. Whilst individual practice reports have identified areas for improvement, no specific themes have emerged in this respect.

- **Delivery of Standards for Health Services in Wales**

Overall, practices were found to be providing services that were consistent with the standards for health services in Wales. Despite this, our inspection activity did identify some consistent themes concerning the delivery of standards for health services in Wales. These themes and the action required from the health board are set out below.

Record keeping – To ensure practices have a formal means for reviewing the quality of their record keeping to help maintain the current high standards

Concerns – To ensure all concerns, even those informally received, should be logged.

Communication – To ensure that practices look at additional ways for communicating important changes to patients and in doing so consider the reasonable use of communication methods and materials which will reach their patient population as widely as possible.

To consider regularly seeking patient views of the service in order to inform their ongoing delivery and future planning and development.

- **Management and Leadership**

Overall, practices were well managed and lead, with dedicated staff teams. Whilst individual practice reports have identified areas for improvement, no specific themes have emerged in this respect.

- **Quality of Environment**

Overall, practice premises were found to provide safe environments for patients to receive treatment. Whilst individual practice reports have identified areas for improvement, no specific themes have emerged in this respect.

Mental Health

HIW has not conducted any NHS Mental Health Unit inspections in the health board during 2014-15.

Noteworthy Practice

A number of noteworthy practices were identified during the course of our inspections. Some of these are highlighted below.

1. We encountered staff who were compassionate, person centred, kind, caring and sensitive in their interactions with patients.
2. We saw the use of a variety of 1000 Lives initiatives for the improvement of care and treatment across our inspections. For example, the meaningful use of patient safety briefings at staff handovers.
3. Although staff teams were often managing high volumes of patients and/or were facing external pressures, teams communicated well, worked well together and were committed to delivering a high standard of care to patients, to the best of their ability.

Governance and Accountability

The health board continues to develop a system of governance and assurance. The board sets the strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and are working properly throughout the organisation.

The board's priorities are based on the following key themes:

- Services that focus on the needs of the patient
- Safety, Excellence and Quality
- Trust and empower our Staff
- Effective use of resources
- Improving Public Health

The health board may wish to consider the extent to which it is meeting these in the context of the inspection activity HIW has undertaken during 2014/15. Important for HIW will be to get a sense of whether our findings have been a catalyst for the health boards own audit and quality assurance activity, or if the health boards actions in response to our recommendations have been limited to the sites we have inspected.

This will be a factor for consideration during our 2015/2016 inspection programme as part of HIW's broader evaluation of the arrangements the health board has in place to monitor and ensure the effectiveness of its services. In this respect, HIW will give consideration to, but not be limited by, the following issues in relation to systems for audit and clinical effectiveness:

- The extent to which front-line professionals, both clinical and managerial who deal directly with patients, are sufficiently empowered to speak up and take action if they identify issues similar to those found in this inspection, and in line with the requirements of their own professional conduct and competence.
- The extent to which there is a culture of openness and learning within the Health Board that supports staff to identify and solve problems
- The extent to which the Board has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

A particular area for the health board to consider in terms of governance and accountability is ensuring all wards are correctly coded. This is in light of the changing nature of certain wards where an increasing number of elderly, frail patients, often with dementia and/or confusion are being admitted. This will be key to ensuring these wards have appropriately trained staff and management,

appropriately allocated resources and robust structures of governance and accountability for the outcomes these wards are now aiming to achieve.

Engagement

During 2014-15, HIW's Chief Executive, Kate Chamberlain, along with Robin Bradfield - the Relationship Manager - met with the Health Boards' Chief Executive and Chair on 30 January 2015.

During 2014-15, Robin Bradfield has attended one quality and safety committee meeting at the health board on 1 October 2014 and has attended two meetings at the Welsh Audit Office with the health boards performance audit leads.

During 2014-15, HIW has issued 1 letter to the health board. This was in connection with a Mental Health Act monitoring visit to County Hospital, Talygan Ward. HIW received sufficient assurance from the health board that appropriate action had been taken to address the issues identified.

Special Reviews and Investigations

During 2014-15 HIW did not undertake any special reviews or investigations within the health board.

During 2014-15 HIW contributed to three (all natural causes) death in custody reviews relating to HMP Usk. HIW's main finding from these reviews was that there was a difference between how HMP Usk and other prisons in Wales deals with a life threatening emergency. The aim of an emergency procedure is that all members of staff involved know very clearly what their role and responsibility are in an emergency. There were lessons to be learnt to ensure that all staff at HMP Usk knew their role in future emergencies. HMP Usk has a prison population which includes many men over the age of 70. This means that there is an increased risk that these emergency procedures will be needed in the future.

Peer Review:

Peer review of cancer and palliative care services in Wales is a quality assurance programme that assesses the quality of the service being delivered by multi-disciplinary teams, Health Boards and palliative care services in Wales. Assessments are set against a framework of specific healthcare standards and national guidelines.

They combine self assessment with independent expert review to not only ensure structures and processes are in place to deliver high quality care, but that clinical

teams are working effectively together and that there is a service improvement ethos based on treatment outcomes and patient experience.

The peer review programme is a collaboration between Healthcare Inspectorate Wales (HIW), the South Wales Cancer Network (SWCN), the North Wales Cancer Network (NWCN) and the Palliative Care Implementation Board (PCIB).

The Cancer Networks/PCIB have overall responsibility for:

- Planning each Peer Review
- Coordinating the self assessment element of the peer review
- Assisting Cancer/End of Life Care leads within health boards to complete the self assessment where necessary
- Externally verifying the Health Board self assessment documents
- Training, recruiting and selecting the peer review team members
- Taking a formal record of each Peer Review visit
- Produce a report – following each review visit - a draft of which is reviewed by the appropriate Health Board/Hospice prior to publication

HIW supports the peer review process by:

- Helping to plan and organise each review
- Formally writing to Health Boards when each review commences
- Making arrangements for Health Boards to submit their self assessment documentation electronically
- Observing the peer review process to ensure that it is fair and impartial and that the outcome of the review is communicated openly and transparently

HIW has agreed to host these reports in order to support the open and transparent reporting of conclusions. A public version of the report and the action plan is, therefore, published on HIW's website. This information should also be available on the website of the Health Board to which the report relates.

Key findings:

These are set out below in respect of each of the peer reviews undertaken at the health board during 2014/15. The health board has submitted action plans to the South Wales Cancer Network in response to the findings from each review.

Head and neck peer review:

No immediate or serious concerns were found, though the following concerns were identified:

- Access to critical care beds for complex surgical patients
- Single handed CNS and dietician and its implications on the key worker role
- Access to restorative dentist and dental hygienist
- Recruitment to Clinical Lead Speech and Language Therapy Role

Lower gastro intestinal:

No immediate concerns found.

A serious concern was found at Nevill Hall concerning the lack of radiology and clinical oncology attendance at multidisciplinary team meeting impacting on the MDTs management of patients with rectal cancer.

A number of concerns were, however, identified –

Health Board Level

- Sustainability of diagnostic services; radiology, pathology and endoscopy. There is a risk that support for both lower GI MDTs could be compromised by capacity issues in radiology and endoscopy or lack of resources in pathology.
- Waiting time for colonoscopies are impacting on the surveillance waiting list, recognising that some patients on the surveillance waiting list may have cancer.
- The Peer Review Team were not reassured that there is a short/medium term plan to ensure the Nevill Hall MDT is resourced to deliver effective MDT working, whilst the SCCC is being developed

Nevill Hall Multi Disciplinary Team

- Low number of patients managed via the USC pathway.
- The use of waiting list initiatives to manage demand in endoscopy; the Health Board may wish to consider if this is sustainable.
- The MDT was unable to demonstrate a full understanding of their surgical data during the visit.
- Data completeness in support of NBOCAP 2013 was 37%; it was highlighted that the team need put a mechanism in place to improve their submission to NBOCAP.
- The MDT recognises that they need to improve the written information provided to patients and this work is underway.

Royal Gwent Multi Disciplinary Team

- Data completeness in support of NBOCAP 2013 was 64%; it was highlighted that the team put a mechanism in place to improve their submission to NBOCAP.
- Lack of clinical engagement with patient experience across the pathway, demonstrated by a lack of awareness of the National Cancer Patient Survey and the lack of an agreed action plan to address its findings.

Gynaecology peer review:

No immediate concerns were found.

The following serious concerns were identified –

- Significant numbers of surgeons involved at diagnosis and treatment of low grade disease to the extent that governance of Gynae cancer practice through MDT structure maybe compromised.
- The MDT is designated a local MDT but declared that with the input of oncology and Gynae oncology it rarely referred patients to the specialist MDT at C&V. This was felt to be both an inappropriate and inadequate model of care and not compliant with NICE guidelines. Utilisation of the visiting specialist surgeon in an informal manner excluded access to the wider benefits of referral to the specialist MDT including cover arrangements. This model was of further concern when it was noted that the surgeon was not considered a core member of the MDT.
- Part time CNS in post – insufficient to the extent that post holder does not see all cancer patients and may in fact have no knowledge of some cancer patients and limited interaction with the majority at diagnosis . This relates to the point above that multiple entry points and participants above make the workload for the current post holder on the associated hours unacceptable
- Of the 224 cases discussed by the MDT only 21 were referred as USC. This ratio is a significant outlier and the practice behind this figure needs to be understood.

The following concerns were also identified –

- The MDT team did not demonstrate adequate insight into the Peer Review process best demonstrated by a difficulty to explain the data submitted and the implications of that data.
- The number of surgeons involved and lack of adequate CNS hours backed up the level of approval in the Peer review return suggest that the team do not realise the impact of these issues and have failed to respond to them adequately in terms of raising the issues with the health board.

- It seemed apparent that the team have not recognised the governance implications of their service model and have not responded by raising these concerns with the health board.
- The input of the specialist surgeon from C&V appeared to be based on the individual and their job plan and rather than a commitment from C&V to supply specialist Gynae oncology input into the MDT – as a consequence there is no cover.
- It is unclear as to whether the specialist Gynae oncologist performs Gynae surgery on site that would or should be operated on within a designated centre. The team seemed unaware if this was the case. It is assumed that referral to a specialist Gynae oncologist implies that such specialist surgery takes place within a designated centre.

Follow Up and Immediate Assurance

Follow Up

HIW issued a report following each inspection, with each report containing a plan that makes recommendations for improvement. In all cases the health board / practices submitted timely improvement plans setting out their responses to recommendations therein. Each response was individually evaluated and found to provide HIW with sufficient assurance. This was because the improvements identified had either been addressed and/or there was evidence to demonstrate that progress was being made by the health board / practices in response to the recommendations for improvement. HIW wrote to the health board / practices to advise them of the outcome of this evaluation.

HIW will continue to monitor the progress that health boards / practices make in addressing any recommendations made as a result of its inspection activity. Where actions within improvement plans remain outstanding and/or in progress, there is also an expectation that the health board / practice will provide HIW with updates, to confirm when these matters have been addressed.

Immediate assurance

HIW has issued 5 immediate assurance letters as a result of its inspection activity in Aneurin Bevan UHB. All concerned issues identified during DECI inspections. In each case a timely response was received from the health board. Also, each response was evaluated and provided HIW with sufficient assurance. This was because the improvements identified had either been addressed and/or there was evidence to demonstrate that progress was being made by the health board / practice in response to the immediate concerns. HIW wrote to the health board to advise them of the outcome of this evaluation.

Inspections Activity

National Health Service

Inspection Type	Location and linked report	Date
Dental inspections	TFL Care Limited	19/12/2014
	Hilltop View Dental	13/01/2015
	Kieron Hastings Dental Practice	19/01/2015
	Northview Dental Practice	28/01/2015
	Devon Place Dental	02/02/2015
	Oasis Dental Care, Caerphilly	03/02/2015
	Trefynwy Dental Practice, Monmouth	23/02/2015
	Blackwood Dental Centre	03/03/2015
	Sarrat House (aka Goodwin), Newbridge	10/03/2015
Dignity and Essential Care Inspections	Nevill Hall	03/12/2014
	St Woolos	03/12/2014
	Ysbyty Ystrad Fawr	20/01/2015
	Royal Gwent	21/01/2015
	County Hospital	18/02/2015
	Nevill Hall	05/03/2015
	Royal Gwent	18/03/2015
Dignity and Essential Care Inspections Follow Up	Royal Gwent	24/04/2014
	Royal Gwent	25/04/2014
	St Woolos	24/03/2015
GP inspections (pilot inspections, not published)	Bryngwyn Surgery	06/11/2014
	Trosnant Lodge Medical Practice	10/11/2014
	Risca Surgery	12/11/2014
	Monmouth House Medical Centre	28/01/2015
Mental Health Act	Bronllys	25/06/2014
	Brecon War Memorial	22/08/2014
	Llanfrechfa Grange	07/10/2014
	County Hospital	28/01/2015
	Ysbyty Aneurin Bevan	28/01/2015

Independent Health Care

Inspection Type	Location and linked report	Date
Death in Custody Clinical Reviews	DW- HMP Usk	01/09/2014
	KW- HMP Usk	18/11/2014
	TB- HMP USK	01/12/2014
	TB- HMP USK	24/02/2015
Laser	Advanced Medical Aesthetics (AMA) Ltd	27/06/2014
	Claire Price	27/06/2014
	Claire Price	12/08/2014
Mental Health Act	Cefn Carnau x 2	08/04/2014
	Llanarth x 6	02/06/2014
	Ty Gwyn x 3	07/10/2014
	St Peters x3	17/02/2015
Mental Health Unit	Cefn Carnau	08/04/2014
	Llanarth	02/06/2014
	Cefn Carnau	22/09/2014
	Ty Gwyn	07/10/2014
	St Peters	17/02/2015
Peer Review Visits	Lower GI Visit	12/06/2014
	Head & Neck visit	25/09/2014
	Gynaecology visit	12/01/2015
Slimming clinic	Albany Newport	07/07/2014

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