
Betsi Cadwaladr 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 Betsi Cadwaladr University Health Board.

The outcomes we seek to influence as a result of our activity within this and other health boards/trusts 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

This report is compiled from activity undertaken by HIW during 2015-15. 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 72 visits to Betsi Cadwaladr University Health Board plus a Special Review, these include 7 Dignity and Essential Care Inspections (DECI), 9 dental inspections, 3 GP inspections and 53 other types of visits (1 Ionising Radiation (Medical Exposure) Regulations IR(ME)R, 22 Mental Health Act, 11 Mental Health Unit, 3 Hospice – Adults, 1 Hospice – Children, 1 investigation – Homicide, 9 Laser, 4 Acute and 1 Non Acute).

Key Themes

The following key themes have been derived from HIW's overall findings of the published 2014-5 inspection reports. The links to these individual inspection reports, which contain further context and supporting evidence, are provided at the end of this report.

Dignity and Essential Care (DECI) Inspections:

HIW's DECI inspections were undertaken within a hospital environment, focusing on one or two wards only, for up to two days. Therefore these inspections captured a snapshot of the standards of care patients were receiving at that point in time.

The following key themes were picked up during the DECI inspections undertaken during 2014-15.

- The majority of patients whom we spoke to during the course of our inspections were positive about the standards of care and treatment that they received.
- One of the recurring themes that emerged from the DECI related to patient documentation and care planning. These issues were consistently found to be poor, both in terms of quality and its completeness. Nursing care records greatly varied; some of these had not always been completed fully and signed by nursing staff responsible for overseeing care. Potentially these issues could pose a risk to patient safety and meant that HIW could not always be confident that patients were receiving the necessary treatment in a timely way.
- Staffing issues were prevalent across many of the inspections undertaken and again have the potential to affect the ability to staff to deliver high quality care. Whereas we found that staff were committed to delivering good quality care and they were kind and caring, in many cases, we found issues with staff numbers, vacancies, resilience and skill mix. The health board regularly had to utilise a high number of temporary bank and agency staff. In addition, there was a lack of effective management and leadership to help and support staff to deal with the day to day challenges and pressures they were experiencing. Staff members had very limited opportunities, such as team meetings and formal supervision meetings, to raise issues that affect them on a day to day basis.
- Staff were not routinely receiving feedback in relation to any concerns they raise or incidents that they may have reported, despite us being told that staff members were eager to learn from incidents. This is concerning as it could portray to staff that reporting incidents is not an important aspect of their role and that the health board may not be learning from incidents that occur. Furthermore patients did not have easy access to the complaints procedures

and the leaflets we saw were often out of date – up to seven years in some instances.

- Access to training was another regular theme arising from our inspections; in particular the difficulty in staff being afforded the time to complete mandatory training or training that was pertinent to their role in the provision of care for the client group.
- Our visit to Ysbyty Maelor's Emergency Department highlighted issues relating to the resilience of the department. Given the extreme capacity that we found the department working in, we were not satisfied that the A&E department would be able to maintain patient safety in the event of any increase in demand. There were also issues in relation to delays in transferring patients from ambulances and timely transfer of fracture neck of femur patients to the orthopaedic ward to enable timely surgery.
- Medicines management issues were found in several inspections, in particular the storage and recording of drugs, including controlled drugs, which were not sufficiently robust in some of the wards we inspected.

During our **mental health inspections** in north Wales, we found several significant issues that caused us concern. In particular we found issues in relation to:

- Inconsistency in the recording of staff training, what staff had received training, and evidence that training in key and important aspects relevant to mental health. For example in some instances training in Restrictive Physical Intervention (RPI), Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act and Mental Health Act awareness, had not been completed at all.
- We found little evidence of any regular staff supervision meetings taking place within mental health services. This issue appeared to be more pronounced in relation to medical staff, with evidence that some medical staff had not received any performance management reviews.
- Mirroring our findings from our DECI work, we again found deficiencies in relation to documentation. Specifically Mental Health Act documentation was not always completed, care plans were limited in nature and did not reflect the current treatment plans/observation levels, and there were gaps in the medication administration records.
- There were concerns in relation to the adequacy and relevance of some of the documented policies and procedures used by mental health services. Significantly we found evidence that there was a lack of process in place to review policies and procedures to ensure that they were up to date and reflected the most recent best practice. For example, a rapid tranquilisation policy we saw was out of date, having been due for review in June 2010. A revised document had been drafted in 2013, but no further work had been undertaken and the revised document had not been agreed or issued.

- We recommended that a strategic review of the mental health services be undertaken by the health board to consider the range of services provided, the environment, and address the lack of adequate intensive care suite facilities for dealing with particularly challenging patients.
- Recruitment within mental health services appeared to be an issue with a significant number of Consultant (Responsible Clinician) and Senior House Officer vacancies within the mental health/learning disability clinical programme group. We also found a potential issue of a lack of junior doctors. Furthermore ward staff levels were inadequate in some instances which had the potential to affect safe patient care.

Dental Inspections:

- Overall, patients were satisfied with the care and treatment received at the dental practices we inspected.
- Patients did not always know how to access information such as the out of hours service and how to make a complaint. Some of the information, including the charges for services, was not prominently displayed. The provision of information in the Welsh language was very limited. Therefore we made several recommendations with regard to improving the range of communication methods used, to address patients' language preferences and communication needs.
- Generally, the standard of patient records at dental practices was good.
- Overall, dental practices had satisfactory systems, clinical facilities and equipment in place to deliver care and treatment. Where needed we have recommended improvements for individual practices to consider as part of their future development.
- We saw varied leadership and management structures, from individual dentist led to company owned practices. We noted that:
 - Not all practices that were company led had developed localised procedures to support their company's overarching policies. Some policies did not refer to the Welsh equivalent, which we recommended.
 - In some of the practices we inspected, we made recommendations in relation to the insufficient details and/or evidence of staff members' continuous professional development, audit systems, logs of complaints, incidents and so on.
- None of the dental practices we inspected was purpose built for this purpose. The facilities and access for people with disabilities and people using wheelchairs was limited and therefore not ideal.

GP Inspections:

Each GP inspection was undertaken over a period of one working day by a HIW inspection manager and one or two qualified GP reviewers. We were also accompanied by one or two North Wales Community Health Council (CHC) volunteers at each GP inspection. As these inspections were part of a pilot programme, the individual reports have been shared with the health board but have not been published; however an all-Wales *HIW Pilot inspections of General Medical Practice Thematic Analysis* report was published on 18 May 2015¹.

- The CHC volunteers spoke directly with patients and, overall, found that patients were satisfied with the services provided.
- However in two out of the three GP practices we inspected, many of the patients were dissatisfied with the appointment system. We heard of cases where patients had difficulty getting through to make appointments, that appointments were not always available that day or with their usual/preferred GP.
- As with the dental practices above we made recommendations with regard to improving communication, with regard to patients' needs and language preferences, and overall improving how information is displayed or made accessible to patients.
- Overall the systems for processing incoming/outgoing correspondence and the standard of patient records was good. We recommended improvements in the complaints procedures at two of the GP practices we inspected.
- Communication and the flow of information between GPs and nursing staff was generally good. However we recommended that further opportunities are provided for administrators and reception staff to share information and participate in discussions about the development of the overall service.
- Two of the practices were purpose built and we observed that access to patients, including to people using wheelchairs, was good. Car parking spaces for patients were limited however.

¹ <http://www.hiw.org.uk/news/37486>

Noteworthy Practice

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

- The issues that emerged from Tawel Fan were handled appropriately by the health board once they came to light, with the ward being closed and staff suspended pending further investigation.
- We saw a good level of patient involvement in the care planning process during our visit to Ty Llywelyn where a very good example of a comprehensive care and treatment plan for patient was seen and reviewed.
- The introduction of the fractured neck of femur care pathway on Conwy Ward at Ysbyty Gwynedd was recognised as an example of good practice - this should be fully embedded and sustained.
- During some inspections we observed the completion of a *This Is Me* profile which captures important information about the person, their preferences and daily routines. This initiative is used for patients with cognitive impairment who are unable to fully communicate such information.
- At Wrexham Maelor Emergency Department we saw a team of staff who were excellent at prioritising patients' clinical needs and emergency/urgent care needs.
- At Ysbyty Eryri we saw noteworthy practice, including the facilities to assist patients regain their independence, the communication books used with patients and the assistance provided with patients' personal and continence care.
- At Chirk Hospital there were robust auditing and communication systems on the ward and patient care was delivered by a good skill mix of staff who were clearly patient focussed. Staff members were highly motivated and took pride in their work which we commended.
- We saw good examples of staff interactions at Ysbyty Glan Clwyd; staff were providing emotional support to patients, some of whom had experienced/undergone life changing conditions/treatments or had life limiting conditions.
- One of the GP practices we inspected, Llanfairpwll Health Centre, also had a surgery site at Dwyran (Penybryn surgery) and we saw examples of good communication systems and management between the two sites.
- We undertook one Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection during 2014/15, and the inspection was exceptionally well received by the departmental management team and the standard of documentation submitted to HIW prior to the inspection was very high. The inspection team were content and reassured that there were no breaches in relation to the regulations. The inspection was an extremely positive experience and it was clear from our discussions, observations and scrutiny of

the documentation that staff were committed to the service and safety of patients.

Governance and Accountability

The self assessment conducted and submitted by Betsi Cadwaladr UHB for 2013-14 indicated the organisation believed that recruitment remains an issue with delays apparent, and it acknowledged the poor compliance with mandatory training (of new recruits). It also acknowledged that in the context of developing/reconfiguring its acute services there was still work to be done in ensuring effective engagement with its own staff/clinicians. The health board acknowledges that there are weaknesses in the understanding how it is performing, an aspect that was supported by the findings of the HIW/WAO joint review(s). More detail regarding the findings of the HIW/WAO joint review(s) can be found within the Special Reviews and Investigations section below.

Engagement

In 2014-15, HIW's Chief Executive, Kate Chamberlain, along with the Relationship Manager met with the Chief Executive and Chair in October 2014. This visit was part of a programme of liaison meetings, where HIW raised any issues with health boards, discussed future programmes of work and gained feedback on any issues relating to the way HIW conducts its work.

HIW does feel however that engagement is an aspect that requires improvement and that the health board should ensure that it engages proactively with HIW, alongside other stakeholders, in raising any matter or issues of concern at an earlier point in time. Similarly, it is clear that the health board has struggled to engage with its own clinicians and staff, in addition to the continual challenges in engaging with stakeholder and its population in regards to service changes.

The health board needs to ensure that it has an effective plan and strategy in place to listen to the views and understand the needs of those who use its services before deciding what service changes may be required.

HIW wrote to the health board in April 2014 regarding a number of outstanding Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) incident notifications. This letter was sent as the health board has not provided HIW with a response to many previous letters following up 26 incidents dating back to November 2012, and seven new incidents. The health board in its response clarified that closure forms for these incidents had been sent to Welsh Government only and that HIW would now receive these as a matter of course.

HIW also wrote to each health board during February 2015 in order to order to gain assurance on the arrangements in place at Emergency Departments/Units for

treating patients exhibiting possible mental health problems. HIW intends to use the information received to inform its ongoing work programme.

Special Reviews and Investigations

During 2014-15 HIW and the Wales Audit Office (WAO) undertook a follow-up review to the Governance Review that was published in June 2013. The follow-up review (An Overview of Governance Arrangements: A summary of progress against recommendations made in June 2013) was published in June 2014 and found:

- Evidence of progress since June 2013, some of it significant, however a number of the fundamental challenges that were identified in 2013 still existed. Improvements in the way Board meetings operate and how Board members are supported, however although we noted the work that was still underway in relation to board development to clarify roles, foster cohesive working and establish sound working practices in terms of governance.
- Significant changes in senior personnel at the Board brought a fresh dynamic to a number of the leadership challenges faced by the health board.
- The health board had failed to develop an integrated three-year plan in line with the requirements of the Welsh Government's new statutory planning framework.
- The health board's financial position in particular remained precarious.
- The health board must ensure that it improves its approach to the management of risk. Work is ongoing in this area but we remain concerned that the corporate risk register does not have a sufficiently clear articulation of the key risks facing the organisation, with the result that Board members may not be fully sighted on the severity or detail of issues of concern.
- There is still much more that needs to be done to strengthen arrangements and improve the timeliness of responses to complaints and serious incidents.

In November 2014, HIW also published the findings of a homicide committed by a mental health service user. The report (*The provision of mental health care and treatment provided to Mr M by Betsi Cadwaladr University Health Board (BCUHB), prior to committing a homicide in May 2011*) made a number of findings and recommendations relating to mental health services in north Wales. This report found:

- There were clear shortcomings in relation to the care and treatment that was provided to Mr M during his time with north Wales mental health services. It is difficult to determine how these deficiencies may have directly influenced and led to the events of May 2011. However, we do believe that had the issues

that we identify within the report been addressed, that the likelihood of such an incident occurring might have been significantly reduced

- Several aspects of Mr M's care were not delivered to a sufficient standard, in turn influencing the formation of an appropriate diagnosis and satisfactory aftercare arrangements.
- There existed a culture where a prejudiced view of Mr M was fostered by some staff.
- The quality of documentation was poor, incomplete and/or insufficiently detailed. A lack of integrated notes hampered effective comparison, decision making and systematic monitoring and review of Mr M's clinical presentation and progress.
- Discharge arrangements following both Mr M's admissions at the Ablett Psychiatric Unit were unsatisfactory.
- Mr M's diagnosis of *malingering* directly affected subsequent decisions regarding the follow-up and support that Mr M received following discharge.
- As a result of this review HIW have made nineteen recommendations. These will be followed up by HIW six months and twelve months after the publication date.

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.

The health board submitted improvement plans, setting out their responses to recommendations therein, for three of the DECI inspections undertaken. Only one dental practice and one GP practice submitted improvement plans against HIW's inspection recommendations. 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

Six Immediate assurance letters were issued to BCUHB following DECI inspections. This correlated to an assurance letter for every DECI that was undertaken – more than any other health board during 2014-15. Two themes emerged from the immediate assurance letters in respect of DECI:

- Medicine Management - which includes the safe storage and recording of medicines given to patients
- Staffing levels not being adequate for the acuity level of the ward.

BCUHB has consistently responded within HIW's timescale, providing detailed evidence and a completion, or anticipated completion date, against each specified area. HIW has therefore been provided with sufficient assurance that the matters raised have, or are in the progress of being, addressed. However these immediate assurance issues may also be followed up during future inspections.

Two immediate assurance letters were issued to dental practices within BCUHB's geographical area. Again, these were responded to within timescale and provided HIW with sufficient assurance that the matters had been addressed.

None of our GP inspections necessitated in immediate assurance letters being issued.

Inspections Activity

National Health Service

Inspection Type	Location	Date
Dental inspections	Rhos Dental Practice	04/11/2014
	Iolo Jones & Associates Dental Practice	11/11/2014
	Longford Road Dental	17/11/2014
	Castle Square Clinic	09/12/2014
	Llangefni Dental Practice	09/02/2015
	Bridge End Dental Practice, Caergwle	09/03/2015
	Bulkeley Dental Practice	23/03/2015
	Oasis Dental Care Ltd	25/03/2015
	Preswylfa Dental Surgery	30/03/2015
Dignity and Essential Care Inspections	Llandudno	03/09/2014
	Wrexham Maelor Hospital	30/09/2014
	Wrexham Maelor Hospital	30/09/2014
	Ysbyty Gwynedd	29/10/2014
	Eryri	12/12/2014
	Chirk	15/01/2015
	Ysbyty Glan Clwyd	30/01/2015
GP inspections (Inspection reports are not being published as agreed).	Glanfa Surgery, Bangor	25/11/2014
	The Health Centre, Llanfairpwll	17/12/2014
	Plas y Bryn Medical Centre	07/01/2015
IR(ME)R	Ysbyty Gwynedd	23/01/2015
Mental Health Act	Hergest x 2	14/05/2014
	Ablett x 2	26/06/2014
	Ty Llywellyn x 3	06/11/2014
Mental Health Unit	Hergest	12/05/2014
	Ablett Unit	23/06/2014
	Ty Llewellyn	06/11/2014
Special Review	Betsi Cadwaladr	08/05/2014

Independent Health Care

Inspection Type	Location	Date
Acute	Abergele Consulting rooms	15/05/2014
	Yale Hospital	02/07/2014
	Follow-up – Abergele Consulting rooms	04/07/2014
	Spire Paediatrics	19/07/2014
Hospice – Children	Ty Gobaith	16/07/2014
Hospice Adults	Nightingale House	15/04/2014
	St Kentigerns Hospice	14/05/2014
	Follow-up – St Kentigerns Hospice	15/07/2014
Laser	The Bay Health Centre and Beauty Clinic	16/05/2014
	Essence of Beauty, Rossett	01/07/2014
	Face it Skin aesthetics	01/07/2014
	Gresford Clinic	02/07/2014
	Body Talk Beauty Salon	14/07/2014
	Laser Clinic North Wales	14/07/2014
	New Image, Bangor	14/07/2014
	Utopia Salons Limited	14/07/2014
	The Bay Health Centre and Beauty Clinic	15/07/2014
Mental Health Act	Delfryn House	14/05/2014
	Coed Du x 3	11/06/2014
	Plas Coch x 3	27/06/2014
	Follow-up – Delfryn House	23/07/2014
	St David's	24/07/2014
	Follow-up – Coed Du x 3	13/10/2014
	New Hall x 3	15/10/2014
Mental Health Unit	Delfryn House	14/05/2014
	Coed Du	11/06/2014
	Plas Coch	25/06/2014
	Follow-up – Delfryn House	21/07/2014
	St David's	23/07/2014
	New Hall	15/10/2014
	Hafen Wen	28/01/2015
	Follow-up – Coed Du	13/10/2015
Non Acute	Oxford House	13/06/2014

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