

Cwm Taf University Health Board

Following the Bridgend boundary change, Cwm Taf University Health Board became Cwm Taf Morgannwg University Health Board on 1 April 2019. For the purposes of this report which covers the 2018 – 2019 period we have used the former name of the health board.

We noted a somewhat mixed picture from our inspections in 2018-19. Across our inspections, patient feedback was generally positive and we found patients were treated with dignity and respect.

We were pleased to find evidence of effective multi-disciplinary working in some of our hospital and CMHT inspections. We saw truly integrated working between health and social care staff in our CMHT inspection in Merthyr and we believe other CMHTs across Wales could learn from this good practice.

However, we identified significant concerns in a number of our inspections. Of particular concern were the findings from our inspections in maternity services and surgical services in Royal Glamorgan Hospital, follow-up in elderly mental health wards in Royal Glamorgan Hospital, IR(ME)R in Prince Charles Hospital and dental inspection.

Our inspections across Royal Glamorgan Hospital have highlighted concerns around staffing levels, skill mix of staff and low staff morale.

Across our work, we have identified a lack of evidence of organisational learning from previous inspections. For example, during our surgical services inspection we highlighted issues regarding the checking of resuscitation equipment, it was therefore disappointing to find the same issue in our maternity services inspection within the same hospital a few weeks later.

We were particularly disappointed that our follow-up inspection of the elderly mental health wards in Royal Glamorgan Hospital identified that not only were the actions from the last inspection not completed, a number of new issues were identified, including concerns around medicines management.

During last year's mental health inspections we found issues with maintenance and the improvement of service environments. Again this year, we found environmental/estates maintenance issues in Royal Glamorgan Hospital and Ty Llidiard.

In our maternity services inspection, we were concerned about the sustainability, resilience and ability of service to provide care and treatment in a safe and effective way. We found significant staffing issues which impacted on delivery of safe and effective care in a number of ways including staff well-being, reviewing of incidents and concerns, mandatory training and clinical audits.

We also found a disconnect between a number of professional groups across the service which impacted on multidisciplinary team working. We continue to closely follow the progress of the health board in responding to these issues.

In our IR(ME)R inspection in Prince Charles Hospital, we found the service was non-compliant in respect of the assessment, monitoring and recording of patient radiation doses and the need to strengthen the employer's response to reports provided by the external radiation protection service. This meant that patients could have received exposures that were not as low as reasonably practicable or consistent with the intended diagnostic or therapeutic purpose.

We will be closely monitoring the findings from our programme of work in 2019-20 to gauge whether we are seeing better evidence of organisational learning and improvements being embedded and sustained across services. As part of this work, Healthcare Inspectorate Wales and the Wales Audit Office will be conducting a joint governance review within the health board.



Hospital

We conducted three hospital inspections: the acute stroke unit at Prince Charles Hospital and maternity and surgical services within the Royal Glamorgan Hospital

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| ✓ Patient feedback generally positive and patients were treated with dignity and respect | ✗ Of particular concern, we identified the following issues in two of three inspections: |
| ✓ Effective care in relation to preventing pressure sores, falls and nutrition and hydration arrangements (with some areas for improvement) | ✗ Issues with the checking of resuscitation equipment within different areas of the same hospital. HIW issued an immediate assurance letter on each occasion. This showed a lack of learning following inspections |
| ✓ Evidence of effective management at ward level | ✗ Issues with staffing levels and skill mix |
| ✓ Evidence of effective multidisciplinary team working at 2 of the 3 inspections. | ✗ Staff told us that morale was low amongst the workforce |
| ✗ We were not always assured that care was safe and effective and issued immediate assurance letters in two of three inspections | ✗ Issues with availability of equipment for staff to carry out their duties |
| ✗ To a greater or lesser extent each inspection identified issues with staffing | ✗ Issues with security of medication and the recording of fridge temperatures |
| ✗ Improvements needed to patient and carer information on how they may provide feedback, raise a concern (complaint) and how they may contact the local Community Health Council | ✗ Issues with pain assessment recording and patient pain monitoring |

Mental Health

We conducted two mental health inspections: a CAMHS unit at Ty Llidiard and a follow-up inspection elderly mental health wards in Royal Glamorgan Hospital

- ✓ Patients felt safe and were treated with respect and kindness by the staff team
- ✓ At Ty Llidiard, we found innovative use of technology to engage and encourage patients to provide feedback about their experiences
- ✓ We saw good record keeping practice within the sample of Care and Treatment Plans and observation records we reviewed
- ✓ Some aspects of the environment had been addressed from the last inspection
- ✓ At Royal Glamorgan, we found good compliance in relation to mandatory training and annual appraisals

- ✗ Environmental changes must be completed in a timely way to support the needs of patients
- ✗ At Ty Llidiard, risk assessments had been completed to promote patient safety and wellbeing but no written plans had been developed setting out how these risks would be managed
- ✗ At Royal Glamorgan Hospital, we found the majority of identified improvements identified at HIW's previous inspection in 2017 had not been fully completed. The health board needs to be accountable for ensuring that any improvements identified are reviewed and monitored to ensure the service provides high quality, safe and reliable care
- ✗ At Royal Glamorgan Hospital, we also found significant medicines management concerns which resulted in HIW issuing an immediate assurance letter to the health board

GP

We inspected one GP surgery

- ✓ Patients were treated with dignity and respect and spoke positively about their relationship with staff
- ✓ The practice had its own ultrasound scanner and this had proven valuable in ensuring timely diagnosis of symptoms
- ✓ GPs triage patients for appointments to ensure highest priority need is dealt with on the day

- ✗ Improvements needed to clinical details within patient records, general record keeping and audit arrangements
- ✗ Staff needed recruitment and periodic employment checks, including Disclosure and Barring Service checks
- ✗ Improvements to the arrangements for oversight and accountability for any new medication added or changed to patient records

Dental

We inspected one dental surgery

- ✓ Commitment to providing a positive experience for patients
- ✓ Good range of policies and procedures in place

- ✗ The practice was non-compliant in a number of areas relating to decontamination and infection control, environment, resuscitation equipment and security of patient records and information. This resulted in HIW issuing a non-compliance notice to the practice
- ✗ We did not see evidence of good leadership or support of staff
- ✗ Improvements were needed to ensure all clinical staff receive up to date training relevant to their role and appropriate employment checks (Disclosure and Barring Service checks)

IR(ME)R

We conducted one IR(ME)R inspection at Prince Charles Hospital

- ✓ Staff who spoke with us were happy in their roles. Radiography students and new members of staff said that they felt supported by their colleagues
- ✓ Staff were respectful, professional and kind toward patients throughout our inspection
- ✓ Most patients said that they had received clear information which helped them to understand the risks and benefits of their X-ray procedure/treatment

- ✗ The service was non-compliant in respect of the assessment, monitoring and recording of patient radiation doses and the need to strengthen the employer's response to reports provided by the external radiation protection service
- ✗ A non-compliance notice was issued due to the seriousness of the issues identified
- ✗ Aspects of the content of a large number of employer's IR(ME)R policies and procedures need to be updated and provide more detail for staff to follow
- ✗ Improvements needed to ensure patients are fully aware of their right to raise concerns about their NHS care or treatment

Community Mental Health

We inspected Merthyr Community Mental Health

- ✓ Care was planned in a way that was person centred and response to the needs of service users
- ✓ Care and treatment plans and statutory documentation for service users detained under the Mental Health Act were detailed and completed to a high standard
- ✓ The service was a good example of truly integrated working between health and social care staff
- ✓ We saw effective management and leadership of the service and a positive culture in the team

- ✗ Improvements needed to compliance with mandatory training, including in safeguarding
- ✗ Staff reported the need for better engagement and understanding between GPs and the CMHT
- ✗ There needs to be progress and solutions to ensure the IT systems are fit for purpose and enable the right information to be available to the right staff at the right time

