



AGENDA ITEM

3.2.8

QUALITY & SAFETY COMMITTEE

**REGULATORY REVIEW RECOMMENDATIONS AND PROGRESS UPDATE
HEALTHCARE INSPECTORATE WALES (HIW) QUALITY CHECKS**

Date of meeting

22nd March 2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

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Approving Executive Sponsor

Executive Director of Nursing

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

HIW

Healthcare Inspectorate Wales

ED

Emergency Department

CDU

Clinical Decisions Unit

1. SITUATION/BACKGROUND

- 1.1 Previously, with peaks of the Covid-19 pandemic, activity and pressures across NHS services were so significant that HIW temporarily paused onsite assurance activity. During the summer of 2021 there was a decrease in Covid-19 cases and as such HIW began recovering their full routine onsite inspection programme from 1st July 2021.
- 1.2 In mid-November 2021 a new, more contagious variant of Covid-19 was identified, known as Omicron. Whilst hospital admissions due to Covid-19 increased significantly, the work of HIW continued. That said, the previous report was based on a completed Quarter 3. As this is a bi-monthly report and we are only part way through Quarter 4, activity over this reporting period is minimal.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Quarter 4 (January – March 2021) HIW activity across Cwm Taf Morgannwg University Health Board included:

Site/Ward/ Area	Date of Tier 1 Quality Check	Current position
There have been no Tier 1 Quality Checks in this reporting period.		

2.2 **Unannounced Inspections:**

There have been no unannounced inspections in this Quarter.

- i. There was an unannounced inspection in Ty Lydiard in **November 2021**, however this was omitted from a previous report. An Improvement Plan has been submitted to HIW and subsequent Factual Accuracy has been received from HIW. The next update on the Improvement Plan is due with HIW at the end of May 2022.
- ii. **Update following September 2021 – ED and CDU inspection, PCH** - required progress update has been provided to HIW.

2.3 **Announced Inspections:**

There have been no announced inspections in this Quarter.

- i. **Update following September 2021 – Nuclear Medicine Review, IR(ME)R** - HIW require an update on Action Plan progress and evidence is due end of March 2022 as agreed with HIW.

2.4 **National Reviews:**

- i. **National Review Patient Flow (Stroke Pathway)**
A National Review is underway, reviewing patient flow with a focus to gain a greater understanding of the challenges that health care services face in relation to how patients flow through healthcare systems. In addition, it will test if arrangements for patient flow are robust. As part of the test process, HIW will focus on patients travelling through the stroke pathway. Leads have been identified and work is underway. HIW plan onsite visits and will focus on retrospective and current inpatient studies of people travelling through the stroke pathway. Field work has commenced and will conclude in June 2022, with health boards being informed in advance of each visit. Further progress will be updated in subsequent committees.



2.5 **Local Reviews:**

i. **Discharge Arrangements for Adult Mental Health Patients**

Following a range of information sources raised to HIW, it was indicated that Mental Health Services were of concern. As such, HIW will undertake a review of services with a particular focus on the discharge arrangements for Adults (18-65yrs), from inpatient services, back to the community. The specific questions seeking response is:

'Do the current arrangements for the discharge of patients from inpatient mental health services into the community support the delivery of safe, effective and timely care?'

A named lead has been identified within the Health Board and initial work is underway. Further updates and progress will be provided at the subsequent committees.

- 2.6 Improvement plans for each ILG are reported to the ILG Quality, Safety and Patient Experience Committees. These are reviewed, monitored and reported against for assurance of compliance and lessons learned. Where there are any themes or trends, the ILGs share this learning through their governance groups as well as through the health board Shared Listening and Learning Forum.

Further updates on progress and actions which remain outstanding will be shared in subsequent reports.

All HIW Summary Findings can be accessed via the following link:

<https://hiw.org.uk/>

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Subject to the findings and outcomes of the HIW reviews.



Related Health and Care standard(s)	Staff and Resources
	All of the Healthcare Standards Governance, Leadership & Accountability Staff & Resources Staying Healthy Safe Care Individual Care Timely Care Dignified Care Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Subject to the findings and outcomes of the HIW reviews
Link to Strategic Goals	Improving Care

4. RECOMMENDATION

4.1 The Committee are asked to **NOTE** the report.