



AGENDA ITEM

3.2.9

QUALITY & SAFETY COMMITTEE

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

Date of meeting	24 th May 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lydia Thomas, Head of Quality and Patient Safety Louise Mann, Assistant Director, Quality, Safety & Safeguarding
Presented by	Greg Dix
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 This report is based on Healthcare Inspectorate Wales activity and correspondence since the last report for committee in March 2022. Due to the bi-monthly nature of these meetings, this report will cover the 6 week period from the previous report.
- 1.2 Some additional information has been added to this report as deemed appropriate of the new appointment to the Head of Quality & Safety. An overview table has been included below in 2.1 to provide a 'summarised snapshot' of most recent activity. In addition, a brief overview of letters of concerns requiring assurance has also been included.

This report also includes information from the recently published HIW three year strategy.

- 1.3 HIW work programme for 2022-2023 has recently been established with a combination of onsite and offsite work for the year. Previously, with peaks of the Covid-19 pandemic, HIW temporarily paused onsite assurance activity. During July 2021, HIW began recovering their full routine onsite inspection programme. Further to the changes introduced as a result of the latest Welsh Government review of COVID-19 restrictions, combined with the current trend in infection rates within the community, they intend to continue providing around 24 hours' notice for inspections to super green, green and elective pathways.



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

2.1 Quarter 1 (March – 20th April 2021) HIW activity across Cwm Taf Morgannwg University Health Board included:

Number of Unannounced	1
Number of Announced	0
Number of patient concerns via HIW	4
Number of ongoing improvement plans	2

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

2.2 **Unannounced Inspections:**

There has been 1 unannounced inspection at the start of quarter 1.

- i. There was an unannounced inspection of the Maternity Services in Princess of Wales Hospital 22nd - 24th March 2022. This inspection highlighted some concerns in relation to medicine's management and potential access of highly sensitive information to service users. Immediate make safes were completed and an assurance improvement plan has been initiated with an expected completion date by mid-April.

2.3 **Announced Inspections:**

There have been no announced inspections in this quarter (6 week period).

2.4 **Public Concerns raised via HIW**

The Health Board has received 2 letters, 1 email and 1 telephone call of concerns from patients and or whistle-blowers via HIW. Letters have been received summarising these concerns and requesting assurance. Responses are required from the Health Board within five working days or sooner, dependent on nature of concern.

- Concern 1: Concern around care and treatment of a cancer patient with sepsis in PCH ED & Ward 12.
- Concern 2: Concern around a patient reporting to have been detained unlawfully under the Mental Health Act.
- Concern 3: Concern from a Mental Health patient in a distressed manner regarding the number of consultants they had seen during their inpatient stay.
- Concern 4: Concerns raised surrounding the PCH ED & CDU departments being safe, effective and providing dignified care. Information requested for assurance was; plan of schedules for safety checks, cleaning audits, staffing numbers and readiness of medical equipment. Specific detail was asked for regarding the percentage of agency use of staff and the working order and availability of ECG machines and blood pressure monitoring equipment.

All the below concerns have been responded to timely and assurance provided by Integrated Locality Group (ILG) leads and approved by Locality Nurse Directors and the Executive Nurse Director.

2.5 **Ongoing HIW activity**

- i. *Prince Charles Hospital ED & CDU*: Update following September 2021 inspection. Assurance was sought from improvement plan sent the end of March. Factual accuracy comments from the Health Board were reviewed and updated by HIW in early April. Full report has been published on HIW website 20th April 2022. Progress regarding actions is due for submission early June 2022. Progress updates will be shared in subsequent reports.
- ii. *Nuclear Medicine Review, IR(ME)R*: Update following September 2021 inspection. All actions have been completed and submitted to HIW on 31st March 2022. We have not received any correspondence back to date regarding the information sent.
- iii. *Ty Llidiard Concerns*: Following the unannounced inspection in Ty Llidiard in November 2021, a populated Improvement Plan was submitted to HIW and subsequent Factual Accuracy was received and approved from HIW. The next update on the Improvement Plan is due with HIW at the end of May 2022. Progress updates will be shared in subsequent reports.

2.6 **Local Reviews:**

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

Following a range of information sources raised to HIW, it was indicated that CTMUHB Mental Health Services were a service of concern. HIW are currently conducting 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. A reduced data set was agreed and submitted to HIW mid-March 2022. HIW are currently completing a review of this information and will request more detailed information for a selection of this data. Fieldwork is expected to commence early May 2022.

2.7 **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 have planned an onsite visit in May 2022. Field work has commenced and will conclude in June 2022. Further progress and feedback from May visit will be included in the next report.

- 2.8 HIW Improvement Plans for each ILG are reported to the ILG Quality, Safety and Patient Experience Groups. 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's Shared Listening and Learning Forum.

3. HIW Strategy publication (2022-2025)

- i. On 31st March 2022, HIW launched their latest strategic plan (2022- 2025). In this publication, HIW have thanked our Health Board for their continued support with engaging with their work over the past year through the relationship managers and inspectors during onsite and offsite assurance activities. HIW's organisational purpose has been refreshed with new goals underpinned by four new priorities. Their new organisational purpose is to check that healthcare services are provided in a way which maximises the health and wellbeing of people. Equality and diversity will be core to the work completed and the strategy will help support healthcare services reach those who face the greatest barriers to access, and poorest outcomes in health.

The four new priorities are noted below:

1. A focus on the quality of healthcare provided to people and communities as they access, use and move between services.
 2. Adapt their approach to ensure they are responsive to emerging risks to patient safety
 3. Work collaboratively to drive system and service improvement within healthcare
 4. Support and develop their workforce to enable them, and the organisation, to deliver their priorities.
- ii. The new programme of review work in 2022-2023 will involve the continuation and conclusion of:
1. National review of patient flow (focus on stroke pathway)
 2. The continuation and conclusion of the local review into Swansea Bay University Health Board's governance arrangements of healthcare services to HMP Swansea
 3. The local review of discharge arrangements for adult mental health inpatients in our Health Board (Cwm Taf Morgannwg University Health Board).

A national review of planned care services will shortly be commenced but no set dates have yet been received.

- iii. It is important to note, a new reporting style for onsite inspections has been developed. This new approach will be implemented for all onsite inspections which take place from April 2022, and will involve publishing a public summary and a full detailed report for the setting. The new style reports will not begin to be published to the HIW website until June 2022.

The Health Board's next relationship meeting with HIW is scheduled for end of May where we are expected to receive more information.

All HIW Summary Findings can be accessed via the following link:
<https://hiw.org.uk/>

iv. 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 yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box 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 /	Yes (Include further detail below)



Impact	Subject to the findings and outcomes of the HIW reviews
Link to Strategic Goals	Improving Care

v. RECOMMENDATION

- a. The Committee are requested to **NOTE** the report.