

## Corrective and preventative action (CAPA) plan

Royal Glamorgan Hospital - 12338 - Routine on 16/2/2023

Please complete the blanks below

<b>HTA Standard</b>	C2d - 31/5/2023	<b>Level of Shortfall (major or minor only)</b>	Minor
<b>Short Description</b>	Competency Assessment for Consent Seekers		
<b>Inspection finding:</b>			
<p>Whilst regular training and refresher training is provided to those seeking consent for adult post mortem (PM) examination and consent seekers are assessed as competent through a verbal assessment, there is no system in place to formally record this assessment process.</p> <p><i>The establishment submitted sufficient evidence to address this shortfall before the report was finalised.</i></p>			
<b>Corrective and Preventative Action:</b>			
<p>DI has submitted a competency assessment form for adult post mortem examination consent seekers. This will be administered every two years and the expectation is 100% compliance. If not, then there would be a follow-up from the DI.</p> <p>Questions will change two yearly as well to keep it relevant and of course updates provided between refresher training when guidance is updated etc.</p>			
<b>Deadline for completion of corrective and preventative action:</b>	31/05/2023		

### HTA Use Only

<b>Action for HTA:</b>	Closed before final report issued. <b>Closed ML – 03 April 2023</b>
<b>Compliance information to be submitted:</b>	
<p>A copy of the competency questionnaire for adult consent seekers was submitted on 14.03.23 and reviewed and accepted prior to issuing the final inspection report. – <b>received and reviewed</b></p>	

## Corrective and preventative action (CAPA) plan

Royal Glamorgan Hospital - 12338 - Routine on 16/2/2023

Please complete the blanks below

<b>HTA Standard</b>	GQ1a - 31/5/2023	<b>Level of Shortfall (major or minor only)</b>	Minor
<b>Short Description</b>	Standard Operating Procedures (SOPs)		
<b>Inspection finding:</b>			
<p>Whilst condition checking of the deceased is completed regularly and actions are taken to expedite the release of bodies from the mortuary, these practices are not recorded in an SOP as a formalised process.</p> <p>Furthermore, whilst there is a notice in use for funeral directors informing of the three identifiers that could be written on to the identification bands for unidentified bodies, this detail is not reflected in the admission of the deceased SOP.</p> <p><i>The establishment submitted sufficient evidence to address this shortfall before the report was finalised.</i></p>			
<b>Corrective and Preventative Action:</b>			
<p>A new SOP for condition monitoring of the deceased has been developed and relevant updates made to a number of existing SOPs and forms to integrate the importance of condition monitoring. These revisions will go through the governance process for sign off and train staff accordingly. The SOPs and related forms have been sent by the DI on 31.03.23.</p> <p>The admission SOP has been updated to reflect the types identifiers of unknown deceased that should be written on the ID band at the point of admission. This includes a minimum of three points of identification.</p>			
<b>Deadline for completion of corrective and preventative action:</b>	31/05/2023		

### HTA Use Only

<b>Action for HTA:</b>	Closed before final report issued. <b>Closed ML – 03 April 2023</b>
<b>Compliance information to be submitted:</b>	
<p>The DI has provided the following documents which have been reviewed and accepted prior to finalising the inspection report:</p> <ol style="list-style-type: none"> <li>1. SOP MMCMD - Monitoring condition of the deceased – <b>received and reviewed</b></li> <li>2. Mortuary release of deceased form – <b>received and reviewed</b></li> <li>3. SOP - Admission and clerking in of deceased – <b>received and reviewed</b></li> <li>4. Notification of death - Hazard notification form – <b>received and reviewed</b></li> <li>5. BID clerking in and transfer form – <b>received and reviewed</b></li> </ol>	

