

EXECUTIVE & CENTRAL COMMITTEES

VISITING MONITORING REPORT

SUBJECT:	VISITING ACTIVITY OCTOBER – DECEMBER 2019
REPORT OF:	PPE/MONITORING & SCRUTINY OFFICER
STATUS:	INFORMATION PAPER
CONTACT:	SARA NEWNES
DATE:	JANUARY 2020

PURPOSE

To inform Committees of the CHC's visiting activity and the Health Board's responses following visits undertaken between October 2019 and December 2019.

BACKGROUND

Visits were carried out to speak to patients within maternity services and an older adult mental health ward. An urgent visit was also conducted to County Hospital, Rowan Ward.

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Visits from the previous quarter updated with Health Board response

Visit	Nevill Hall Hospital 3/2 Usk	Date:	9/8/2019
<p><i>The following is a list of the urgent issues that were raised with the Health Board on the day of the visit:</i></p> <ol style="list-style-type: none">1. High patient needs and low staffing numbers.2. Length of time waiting for buzzers to be responded to. When talking to patients it was mentioned that staff would respond to buzzers to ask what the issue was. They would then turn the buzzer off and leave without returning to action whatever the patient needed.3. Staff attitude was mentioned by a number of patients and some poor staff attitude towards patients and colleagues was observed during the visit.4. The ward was not secured by an appropriate locking system and doors, which should remain closed, were observed to be open. This was of high concern due to the number of patients with dementia on the ward at the time of the visit.5. An access door to the stair well was found to not be secure. Staff on the ward stated that this was a serious cause for concern due to the high numbers of Dementia patients on the ward.6. The meal system was raised by patients as not working as they did not have flexibility to order what they wanted and the system of staff calling out items and patients have to make an immediate decision caused discomfort.7. Not all patients had access to clean, fresh water.			
<p><i>Ward information:</i></p> <ol style="list-style-type: none">1. High numbers of patients with dementia were being cared for on the ward. As the ward is not an older adult mental health			

ward, and agency staff and staff from other wards are utilised at different times, the CHC wanted to understand what training is delivered to the ward staff regarding how to care for patients with dementia, and whether agency staff receive the training.

2. Previous issues with low staff numbers have been found on the ward. On the day of the visit a full complement of staff was not on duty.

Health Board response:

1. The Health Board responded with an action to ensure all ward staff, new starters and bank/agency staff have received the dementia training. A dementia education board was also created to raise awareness for all staff as well as patients/family.
2. Recruitment of registered nurses remains a challenge. Bed closures and the introduction of the Core Care Team to the ward were carried out to improve the situation. This model releases nurses to undertake nursing duties. Ward Assistants and Assistant Practitioners and overseas nurses have been appointed. The situation is closely monitored and block bookings are made to provide continuity of care to patients where possible.

The ward:

1. The complaints information was not displayed clearly for patients and visitors to see.
2. Most patients were not given a ward information leaflet and only one patients stated that they were given verbal information about the ward.
3. A shower room was found to contain rust.
4. Doors that displayed signs to be kept shut were found to be held open and a door to the stairwell was not capable of being locked.
5. Patients reported having communication issues such as hearing issues, staff attitude and long waits for test results to be communicated.

Health board response:

1. A poster for the process of concerns and information leaflets are now displayed/available at the entrance of the ward.
2. The ward information leaflet to be updated and Ward Assistants to be responsible for distributing leaflets, maintaining stocks levels and updating notice boards. Posters to be displayed that depict the Senior Nurse and Ward Manager. All patients to be shown around or given information about the ward. This should be given to relatives as well.
3. The shower room is not due for refurbishment. Works and Estates contacted to replace the rusty drain plate.
4. Latest update - a bid has been submitted for funds. A date secured for funding and work to be completed. The risk is mitigated by signage on doors, enhanced care/observation provided for patients who are prone to wandering, staff are reminded to closely observe the exits (including non-clinical staff such as ward clerks) and main doors are kept closed.
5. Nurse in Charge is available daily to meet with patients and relatives. Information is available to support consultant meetings with patients and family. Staff reminded to introduce themselves to patients and discuss treatment plan. Making Every Contact Count training is ongoing for ward staff.

Boredom and isolation:

1. Not all patients were aware of the facilities that were available on the ward.
2. Not all patients were engaging with any activities/facilities to help prevent boredom and isolation.

Health board response:

1. Ward staff to make patients aware that a dayroom with TV is available for them and their relatives. Patient leaflet being updated.
2. The ward has a wide range of patients and the Health Board will explore the possibility of further engagement facilities that meet the needs of patients. A variety of activities already take

place that focus on engagement and therapy. Volunteers are being re-engaged onto the ward and new radios have been ordered.

Patient area:

1. Not all staff had access to a working buzzer.
2. Patients reported that staff do not always respond to buzzers in a timely manner. Sometimes staff turn the buzzer off and walk away.

Health Board response:

1. Staff reminded to check buzzers on a daily basis and report non-working ones immediately. Staff reminded to check that the buzzer is within reach for patients who are able to use it. Buzzers to be audited regularly.
2. Nurse in Charge to monitor that buzzers are responded to in a timely manner. Staffing levels reviewed daily. Patient experience feedback to be embedded within the Division which will monitor whether patients receive timely care.

Staff:

1. Patients reported that not all staff members introduce themselves before providing care or treatment.
2. Not all patients felt that staff listen to them when decisions were being made.
3. Patients felt that the ward would benefit from more staff as they had long waits.

Health Board response:

1. Staff have been reminded of the importance of professional behaviours such as introducing themselves to patients prior to giving care and actively listening to patients and relatives when making decisions.
2. As above.
3. Daily staffing meetings are undertaken and any deficits that cannot be managed within the meeting are escalated to the Divisional Nursing Team in line with the escalation process.

Comfort and hygiene:

1. Some patients reported that they were not as comfortable as they could be or that they were not able to wash as often as they would like.

Health Board response:

1. Staff have been reminded to take a holistic approach to patient hygiene and ensure there is a sufficient supply of blankets for if patients request additional ones. Mattresses are reviewed regularly and replaced as required. The introduction of the Core Care Team will be pivotal in ensuring patient comfort and hygiene needs are met.

Linen:

No recommendations required

Meal time provision:

1. Some patients commented that they preferred the previous way of ordering meals because there was no time to consider or add extras.
2. Some patients reported low satisfaction levels with their meals.
3. Not all patients had access to fresh water.

Health Board response:

1. At the time of the visit, the new meal ordering system was being implemented. This now works well and allows patients to have more choice with the food they receive.
2. Staff have been reminded to observe when meals are not finished and explore the reason for uneaten food. Issues around quality/satisfaction to be escalated to Senior Nurse for escalation to facilities.
3. Water jugs are changed/refilled throughout the day. Ward Assistants to undertake an additional water jug refill. Ward staff to make tea/coffee overnight if requested by patients.

Visit	Nevill Hall Hospital 4/3 Gwent	Date:	9/9/2019
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The ward:

1. Not all patients received information about the ward in a way that was accessible to the, i.e. patient leaflet or verbal information given.
2. Only one toilet was accessible for patients who required the use of a Stedy hoist.
3. The décor of the ward was deemed to be unsuitable for patients with dementia.
4. It was felt that the flooring could constitute a trip hazard in places where patching had been carried out.
5. The ward did not have hand rails to assist patients to move around the ward in a safer manner.

Health Board response:

1. Patients should be orientated to the ward during admission process with frequent reminders to patients when necessary. Carers are provided with ward contact details and a leaflet is being developed to give to all patients on admission.
2. A Health & Safety assessment of the toilet facilities has been carried out and the toileting facilities are satisfactory. Alternatives to using a Stedy hoist are available, such as using a commode.
3. The ward has been deemed a priority upgrade to be included in the Clinical Futures refurbishment strategy.
4. A risk assessment of the flooring has been conducted and immediate remedial work carried out. Costings for flooring have been submitted for funding.
5. Costings for hand rails have been submitted for funding.

Boredom and isolation:

1. Not all patients were aware of the facilities available on the ward to help prevent boredom and isolation.

2. The Health Board were asked to assess whether further facilities/activities were required to prevent boredom and isolation on the ward.

Health Board response:

1. All patients should be orientated to the ward. Carers provided with ward contact details. Information leaflet for medical wards in being developed.
2. The Health Board provided details of the recreational activities that take part on the ward each week, the therapeutic activities that are available and the facilities that the ward has.

Patient area:

1. Patients did not have access to lockable storage.

Health Board response:

1. Lockable storage is not deemed to be feasible due to logistical problems such as lost keys etc.

Staff:

1. Patients reported that not all staff introduce themselves before providing any care.
2. Not all patients felt that staff were listening to them or their relatives when making decisions regarding care and treatment.
3. Not all patients felt that the staff were discreet when discussing care and treatment.
4. Numerous patients felt that the number of staff was not adequate for their needs.

Health Board response:

1. Staff have been reminded to introduce themselves.
2. Staff have been reminded of the importance of listening to patients and their family. All decisions made in the best interest of the patient in conjunction with the patient, family members and clinical staff.
3. All staff have been reminded of the importance of being

discreet when discussing care and treatment.

4. Staffing was within the safe staffing levels and a new Core Care Team is being introduced to the ward.

Comfort and hygiene:

1. Not all patients were able to carry out personal hygiene as often as they would like.

Health Board response:

1. All patients are encouraged to be as independent as possible whilst maintaining their privacy and dignity. Support is provided by nurses and healthcare support workers where required. All staff to encourage patients and assist when necessary.

Linen:

1. It was reported by staff that there was a short supply of pyjamas.

Health Board response:

1. Where possible patients are encouraged to bring their own night clothes. Family members are reminded where possible. A small number of pyjamas are available, however, at times a hospital gown is provided until clean pyjamas are available. Work is ongoing to improve the supply of hospital nightwear.

Meal time provision:

1. Not all patients were offered hand hygiene facilities prior to eating.
2. One patient reported having difficulties with eating various foods and not being provided any support from staff members.

Health Board response:

1. Ward staff have been reminded of the importance of offering hand washing or hand wipes prior to eating.
2. Staff have been reminded of the importance of recognising patients who may need extra support during mealtimes and to provide assistance.

Visit	Nevill Hall Hospital 2/3 Nantyglo	Date:	20/9/2019
<i>Ward information:</i>			
<ol style="list-style-type: none"> 1. The CHC requested information on staffing levels as staff reported that the full complement on duty was for sixteen beds and not the twenty-six beds that could be occupied. On the day of the visit twelve beds were being utilised. 2. The ward did not have a hearing loop system. 			
<i>Health Board response:</i>			
<ol style="list-style-type: none"> 1. The ward was staffed for sixteen beds and the Health Board provided details of vacancies. Bank, overtime and agency staff are all utilised when necessary and acuity is recorded twice daily with extra staff being supplied when required. 2. A hearing loop system is available at the main desk. All staff will be reminded that it is available and where it is located. 			
<i>The ward:</i>			
<ol style="list-style-type: none"> 1. The complaints procedure was not found to be displayed within the ward. 2. Not all patients or family members received a leaflet providing details of the ward facilities which left some parents being unsure what they were allowed to access. 3. Feedback received stated that there seemed to be an issue with a lack of communication between doctors as one patient received different information from different doctors. 			
<i>Health Board response:</i>			
<ol style="list-style-type: none"> 1. The Putting Things Right information is displayed in the parents' kitchen. Additional information to be displayed in the admissions room and playroom. 2. Information regarding facilities, visiting and ward policies are discussed on admission with the patient and family. Written information is available on a notice board in every room on the 			

ward, including the parent's kitchen. Information will be refreshed and checked for accuracy.

3. The Health Board explained that the condition of a patient may change between medical assessments which can lead to different information being received from different doctors. Patients are assessed over a period of time and this is discussed with families.

Boredom and isolation:

1. The ward had numerous facilities that were well equipped and well supervised. The Health Board was requested to knowledge the positive comments regarding the ward decoration and facilities.

Health Board response:

1. No response required.

Patient area:

1. Lockable storage was not available.
2. Wall buzzers were not within reach of patients lying in a bed. Therefore, patients must rely on visitors being present to be able to buzz for assistance.

Health Board response:

1. The Health Board reported that the majority of patients have a family member with them at all times and that there has not yet been any indications for lockable storage on the paediatric ward.
2. The majority of paediatric patients will have a family member with them at all times. Patients who are unable to reach the call bell are assessed in relation to need and nursed in areas close to where there is maximum nursing/medical activity and so they could easily call out to a nurse if required. Intentional rounding by nursing staff takes place at least hourly and would be increased to these patients if needed.

Staff:

1. Numerous positive comments were made regarding the staff.
2. Continuity of staff was raised in the feedback as being an issue.

Health Board response:

1. The Health Board reported that they would relay the positive feedback to staff.
2. Continuity is aimed for but patient-staff allocation is based on nursing skills and patients need and therefore is not always achievable. Staff continue to try to maintain continuity of nursing wherever possible.

Comfort and hygiene:

No recommendations required.

Linen:

No recommendations required.

Meal time provision:

1. The food trolley was not plugged in during the meal time.
2. Feedback stated that having to order meals on an iPad and not having a paper copy of the menu to have a look at was not beneficial.
3. Not all patients and their family felt that they had access to fresh water regularly enough.

Health Board response:

1. The food trolley is not routinely plugged in as meals are given out straight away and not kept in the trolley. Keeping the trolley plugged in causes the trays and plates to become too hot to then give to children. If a meal time is delayed for whatever reason, the trolley is moved and plugged in safely.
2. A review of the electronic ordering was found that it would be beneficial to give children and their families a paper copy of the menu to discuss prior to ordering.

3. A drinks station is situated in the centre of the ward. Families are shown this on admission. Every patient has a fresh water jug changed at least twice a day. Alternative drinks are available in the fridge.

Visits conducted between October and December 2019 – Health Board response received

Visit	Royal Gwent Hospital B4/B5	Date:	24/10/2019
Hospital Environment:			
No recommendations required.			
The ward:			
B4:			
<ol style="list-style-type: none"> 1. The toilets and bathrooms were showing signs of wear and would benefit from being upgraded. 2. Staff informed the visiting team that refurbishment had been put on hold until services moved to the Grange University Hospital. 			
B5:			
<ol style="list-style-type: none"> 3. The windows in the toilets needed cleaning. 			
Health Board response:			
<ol style="list-style-type: none"> 1. A review of the toilet and bathroom facilities was carried out for maintenance and upgrade. 2. A provisional date for refurbishment was given for the end of February 2020. 3. Windows were cleaned immediately and now monitored on monthly environmental cleaning audit. 			
Patient area:			
B4 & B5:			
<ol style="list-style-type: none"> 1. Patients did not have access to lockable storage. 			
Health Board response:			
<ol style="list-style-type: none"> 1. Patients are advised regarding money/valuable, as per the Health Board Policy. No concerns have been raised regarding lost items. The Grange University Hospital will have lockable 			

storage.

Staff:

No recommendations required.

Linen:

B4 & B5:

1. Staff reported that there are often difficulties with the number of pillows on weekends.

Health Board response:

1. Extra linen is available centrally and can be accessed out of hours. Staff have been reminded to ensure stocks are maintained at adequate levels and of the process for escalation when there are shortages.

Patient feedback:

Not all patients felt like they were given choices during the first trimester and not all patients felt that they had enough information during the first trimester to allow them to make decisions about where to have their baby.

Not all patients were aware that they could have a choice of where to have their ante-natal check-ups.

Health Board response:

Birth choice information is discussed at booking appointment, 10-12 week's gestation and continually reviewed at each antenatal visit.

All information, including birth choices, is emailed to all women at booking. If no email access, a paper copy is provided.

The Head of Midwifery has highlighted the CHC recommendations to improve women's choice and experience.

Patient feedback:

Some patients reported seeing many different midwives.

Health Board response:

Community midwives are allocated to GP surgeries in an attempt to

provide continuity to women. A vision for Maternity Services will further develop continuity of care and will commence following the opening of the Grange University Hospital.

Patient feedback:

Some patients reported experiencing difficulties with contacting the community midwives.

Health Board response:

Women are provided with a central point of access that is available 34/7. The Senior Midwifery Manager will undertake an audit of return of calls. This will be monitored through the empowering Leads Midwife Forum.

Visit	County Hospital Rowan Ward	Date:	5/11/2019
<p><i>Ward information:</i></p> <ol style="list-style-type: none"> 1. Information on the day of the visit indicated that patients were experiencing delays to being discharged and this was often due to waiting for care packages. 2. It was reported that the ward does not have a hearing loop system. <p><i>Health Board response:</i></p> <ol style="list-style-type: none"> 1. A change to the weekly flow meetings has seen an increase in discharges per week and a reduction in delayed transfers. 2. A hearing loop system is available in the General Office of County Hospital and in the Outpatients department and all three wards. Volunteers and staff know how to use the system. 			
<p><i>The ward:</i></p> <ol style="list-style-type: none"> 1. Not all patients were provided with information about the ward. <p><i>Health Board response:</i></p> <ol style="list-style-type: none"> 1. On admission, staff will introduce the ward team and orientate patients to the ward. A noticeboard explaining what patients can expect is being developed. The ward is in the process of developing a Patient Information Leaflet which will detail everything patients need to know. 			
<p><i>Boredom and isolation:</i></p> <ol style="list-style-type: none"> 1. The ward has a day room, however, the room is used to store equipment. 2. Patients were not seen to be using the day room and not all patients were aware of the facilities and activities that were available. <p><i>Health Board response:</i></p> <ol style="list-style-type: none"> 1. The day room has been decluttered and there are plans for further equipment to be removed and stored elsewhere. 			

2. The ward is in the process of developing a Patient Information leaflet which will detail all facilities and activities available.

Patient area:

1. Not all patients were able to reach their buzzer.

Health Board response:

1. A reminder has been added to the safety briefing and information shared with staff. Regular and ad hoc audits will be undertaken.

Staff:

1. Not all staff had clearly displayed name badges.
2. Some patients felt the number of staff was not adequate during the day and at night.

Health Board response:

1. New badges have been ordered for the team and a reminder has been put onto the safety briefing highlighting the importance of wearing visible name badges.
2. The Health Board provided a detailed response about a staffing review, vacancies and recruitment and retention.

Comfort and hygiene:

No recommendations required.

Linen:

No recommendations required.

Visit	Nevill Hall Hospital 3/4 Tretower	Date:	12/11/2019
<p>Ward information:</p> <ol style="list-style-type: none"> 1. A full complement of staff was not on duty during the visit, and bank/agency staff were being utilised. 2. It was reported by staff that a hearing loop system was available, however, there were <p>Health Board response:</p> <ol style="list-style-type: none"> 1. The Health Board stated that the ward did have a full complement of staff on the day of the visit, including an agency Registered Nurse. The Health Board provided a detailed response regarding vacancies and recruitment. 2. Training for core staff arranged as a priority. The Health Board will ensure ward staff are aware/familiar with the system with information leaflet being developed for staff in relation to the hearing loop system. 			
<p>The ward:</p> <ol style="list-style-type: none"> 1. The complaints procedure could not be seen to be displayed. 2. Not all patients received an information leaflet letting them know the details of the ward. 3. A number of hand hygiene dispensers were found to be empty. 4. Communal shower rooms/bathrooms were found to contain toiletries. <p>Health Board response:</p> <ol style="list-style-type: none"> 1. Complaints information (Putting Things Right) and patient information leaflets displayed/available at the entrance to the ward. 2. A staff member has been identified to update the patient information leaflet. Newly appointed ward assistants hold responsibility for the distribution of leaflets, maintaining stock levels updating notice boards. 			

3. All dispensers checked and filled. Newly appointed ward assistants now hold responsibility for ensure dispensers are filled and checked daily.
4. Communal toiletries were removed at the time of the visit. Newly appointed ward assistants now hold responsibility for checking that shower rooms/bathrooms are free from clutter and communal toiletries.

Boredom and isolation:

1. Patients did not appear to do utilising the day room and some patients were not aware of the facilities and activities that were available on the ward.

Health Board response:

1. All ward staff to encourage patients to use the day room and facilities. Patients to be informed of the day room on admission to the ward and this information will be included within the ward leaflet.

Patient area:

No recommendations required.

Staff:

1. Not all staff members introduced themselves to patients before providing any care or treatment.
2. Many comments made by patients reflect the fact that they feel the ward is understaffed.

Health Board response:

1. All staff have name badges and staff will be reminded at handovers of the importance of introducing themselves prior to delivering and care.
2. The staff ratio is set and additional Healthcare Support Workers are regularly added to the ward to support patients dependent on their acuity and complexity. Further additional staff can be requested if require. Staff have been reminded to be sensitive and professional when discussing staffing levels in front of patients.

Comfort and hygiene:

No recommendations required.

Linen:

1. It was reported that the ward often lacks gowns, sheets and towels. The linen store was sparsely stocked.

Health Board response:

1. The supply of linen was escalated to facilities and a local audit completed. This led to an increase in the supply delivered daily.

Meal time provision:

1. Patients in different ends of the ward appeared to have a very different experience of the meal time provision.

Health Board response:

1. Both ends of the ward have the same meal time provision. A new ordering system has been implemented and with is working very well, allowing for patient's to have more choice over the food they received.

Visit	Ysbyty Ystrad Fawr Annwylfan Ward	Date:	19/11/2019
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Ward information:

1. Staff reported that there were delays to patients being discharged that were often a result of issues with placements.
2. Staff reported that the ward did not have a hearing loop system.
3. To ensure patient safety and privacy, a lock had been requested to be placed on the nursing office, however, this request had not been actioned.
4. Insufficient resources within the cleaning department meant floors and carpets were not cleaned regularly and nursing staff were often required to carry out cleaning duties.
5. Staff reported that there were high levels of violence and aggression on the ward.
6. It was felt that the doors between Annwylfan Ward and Ty Cyfannol were not strong enough.

Health Board response:

1. Placement options within Borough are limited for people requiring the most intensive support, which can impact the timeliness of discharge. This can be particularly impactful where families do not wish for their relatives to be moved out of area.
2. A hearing loop system is available in the reception area of the ward. The Senior Nurse will contact colleagues in Ysbyty Ystrad Fawr to understand what other wards use and arrange any training that might be required.
3. A request was made to Works and Estates to place a lock on the nursing office.
4. Some elements of cleaning are an integral part of nursing duties, for example cleaning mattresses to comply with infection control regulations. The issue has been raised with the Older Adult Mental Health Directorate Team as part of the ward's service review for further consideration.

5. The Directorate is internally reviewing the levels of violence and aggression with other dementia wards within the Health Board area. In-depth reviews of incidents are carried out, including CCTV being reviewed. Advice is being sought from the Training and Development Department's Prevention and Management of Violence and Aggression training programme.
6. The suitability of the doors has been raised with Minor Works. An assessment will be carried out with regards to potential solutions.

The ward:

1. Whilst most areas of the ward were clean, one of the communal toilets was found to be dirty during the visit.

Health Board response:

1. At the time of the visit the toilet has recently been used. Toilets are checked throughout the day and as soon as issues are identified, they are dealt with. Patients and their family/visitors are also encouraged to raise issues with nursing staff so that they can be dealt with promptly.

Boredom and isolation:

No recommendations required.

Patient area:

No recommendations required.

Staff:

No recommendations required.

Comfort and hygiene:

No recommendations required.

Linen:

1. When checking the quality of the linen available, the sheets were found to not be very soft.

Health Board response:

1. The linen is laundered centrally by the Health Board. The comments around softness of the sheets to be fed back to the Laundry via the Facilities Manager.

Meal time provision:

No recommendations required.

Visit	Ysbyty Ystrad Fawr Birthing Centre	Date:	05/12/2019
<p><i>Patients feedback:</i></p> <p>1. Not all patients felt that they were given enough information during their first trimester to allow them to make decisions about where to have their baby.</p> <p><i>Health Board response:</i></p> <p>1. Birth choice is discussed at the booking appointment 10-12 week's gestation and continually reviewed at each antenatal visit as part of the midwives risk assessment. All information including birth choices is emailed to all women at booking. If no email available, a paper copy is provided. Birth Choices Leaflets are visible in all areas. The Head of Midwifery has highlighted this feedback to all midwives.</p>			
<p><i>Antenatal check-ups:</i></p> <p>1. During antenatal check-up appointments, not all patients felt that they had enough time to communicate effectively, particularly if the patient experienced difficulties in communication.</p> <p><i>Health Board response:</i></p> <p>1. The feedback regarding patients feeling rushed or not given enough time has been fed by to the community midwives. Midwives have been reminded to support women who may experience difficulties in communication and possibly allow more time or consider other support to help with communication.</p>			

**Visits conducted between October 2019 and December 2019 –
*report awaiting response***

	Response expected
None outstanding	

**Visits conducted between July 2019 and September 2019 – *report
not yet submitted***

	Date of visit
None outstanding	