Date: 16 May 2001
Venue: Committee Room 3, National Assembly for Wales
Title: Carmarthenshire NHS Trust

Purpose

1. To report Carmarthenshire NHS Trust's progress since the publication of the Commission for Health Improvement's report on the trust and their appearance before the Committee on 22 November 2000 (HSS-20-00).

Background

2. Carmarthenshire NHS Trust was established in April 1999 through the merger of Carmarthen and Llanelli Dinefwr trusts, a process which met with opposition particularly in Llanelli. The trust has two main hospitals, Prince Philip Hospital in Llanelli and West Wales Hospital at Glangwili in Carmarthen. Merging of clinical directorates across the two sites began fully in July 2000. The trust has a turnover of £88 million and employs 3,250 staff.

3. In April 2000, the Minister for Health and Social Services asked the Commission for Health Improvement (CHI) to undertake an investigation into Carmarthenshire NHS Trust, the main emphasis of which was to review it's clinical governance arrangements. The CHI team visited the trust in June 2000 and published its report in November in time for the trust's appearance before the Committee. CHI's recommendations were then formed into an action plan (*Appendix A*), and the Minister met with representatives from the trust, Dyfed Powys Health Authority and CHI to discuss this in January 2001.

4. As part of monitoring progress against the action plan, Assembly officials requested specific written evidence - such as audit reports and minutes of relevant board and other meetings - demonstrating completion of actions. A multidisciplinary team of officials chaired by the Director of the NHS then visited the trust in late April.

Progress

5. To the credit of staff throughout the trust, a great deal of valuable work has been carried out since the CHI team's visit and there has been good progress against the broad requirements of the CHI report. Particularly notable has been the reported work on developing clinical risk management processes and on handling complaints, both areas which may hold lessons for other parts of Wales. The trust, along with the health authority, has played an important part in developing partnership working and clinical

networks in the region, and there have been important improvements in the professional development of nurses.

6. Work has been carried out on specific issues raised at last November's committee meeting. The trust's policy for theatre procedures, developed in light of last year's unfortunate incident involving the removal of a patient's healthy kidney, has now been audited twice demonstrating full compliance across the whole trust. The trust has also audited compliance with Welsh Scientific Advisory Committee guidance on the marking of X-rays and has carried out a review of aspects of the use of the accident and emergency department in Prince Philip Hospital questioned by the CHI report.

7. The work arising from the CHI report is bringing real improvements for patients and staff. However, at the recent progress review meeting the trust and Assembly officials recognised the need for further work. In particular, the trust will now be streamlining and pulling together the different elements of its work on clinical governance, and will arrange external validation of some of its policies to ensure they are in line with best practice. The trust will ensure sound processes for implementation and review of all the actions throughout the organisation. The trust has commissioned an independent review of human resource and organisational development issues and will need to implement the recommendations arising from this.

8. It is particularly important that the themes of leadership, organisational development and clinical excellence, which run through the CHI report, form the basis for the renewal of the trust's services. Strengthened leadership and clearer accountability will be needed, and the trust will ensure sound processes for implementation and review of all the actions throughout the organisation. Internal and external communications are to be improved to rebuild confidence throughout the trust.

Next Steps

9. The trust will continue with the implementation and review of actions, and officials will regularly monitor progress - through visits and discussions - with results fed into the wider review cycle for the trust.

10. This investigation was the first CHI report on a trust in Wales, and has provided a useful basis from which to develop the process of creating and monitoring completion of an action plan. This process will be refined in light of work with this trust, and will build on the excellent and productive relationship built up with CHI over the last year.

Financial Implications

11. This paper is an update on progress and seeks no decision from the Committee. There are no financial implications for the Assembly.

Compliance

12. This paper is an update on progress and seeks no decision from the Committee. There are no novel or contentious issues, or issues of propriety.

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Jane Hutt
Minister for Health & Social Services

Carmarthenshire NHS Trust

Action Plan

following CHI Investigation (June 2000)

ACTION PLANS ARISING OUT OF THE CRITICAL INCIDENT IN THEATRE

Recommendation 4.1: Address the issues arising out of the critical incident in theatre at Prince Philip Hospital as a matter of urgency	
Action	Ensure the matters outstanding from the critical incident review and Royal College report have been implemented.
Trust lead	Director of Surgery
Time-scale	December 2000

NAW lead monitoring division	Performance Management Division

4.2 Trust wide meetings should be arranged to ensure that common standards and practices are established for patients undergoing surgery in line with agreed best practice:

4.2 (i) A named individual with responsibility and accountability for reporting and progress in achieving compliance with the recommendations of the critical incident review should be identified

Action	Nominate responsible and accountable individual to report and progress compliance
Trust lead	Director of Surgery
Time-scale	End of November 2000
NAW lead monitoring division	Performance Management Division

4.2 (ii) The method of marking X rays should be reviewed to establish whether a trust wide system of hole punching X rays L" and "R" as a routine measure would enable consistency of approach and provide and additional safeguard in reporting in reporting

Action	a) Ensure the method of marking X rays is in line with advice from the Medical Imaging sub-Committee of the Welsh Scientific Advisory Committee and implemented across the Trust. b) Ensure practice is audited against the recommendations.
Trust lead	Chief Executive
Time-scale	a) January 2001 b) on-going
NAW lead monitoring division	Performance Management Division

4.2 (iii) Revised policies for patients undergoing surgery should be approved through the appropriate clinical governance machinery, prior to approval by the Trust Board	
Action	a) A clear mechanism for producing, agreeing and implementing best practice guidance to be produced. b) Trust wide policies or procedures for all patients, commencing with those undergoing surgery, to be reviewed against best practice, implemented and monitored.
Trust lead	Director of Surgery
Time-scale	a) December 2000 b) March 2001 and ongoing
NAW lead monitoring division	NHS Quality Division

4.3 The Trust should establish a working group, including community and patient representatives, to steer an audit of revised theatre procedures to test compliance with the implementation plan. Ongoing audit of compliance and of practice and full reporting with recommendations should be introduced	
Action	a) Establish a working group, including community and patient representatives. b) Complete initial audit of compliance and ensure annual audits occur with full reporting. c) Audit reports to be actioned and to include recommendations, responsibilities and time-scales to test compliance and identify audit of practice.
Trust lead	Director of Surgery
Time-scale	a) November 2000 b) December 2000, then annually c) Ongoing
NAW lead monitoring division	Performance Management Division

4.4 Nursing workforce review and issue of additional nurse on duty to minimise risk to surgical patients	
Action	a) Undertake a trust -wide nursing workforce review including use of workforce planning tool. b) Undertake a trust wide review of theatre, escort and hand-over procedures against best practice; dissemination, implementation and clear monitoring arrangements.
Trust lead	Director of Nursing
Time-scale	a) June 2001 b) December 2000
NAW lead monitoring division	Nursing Division

ARRANGEMENTS FOR HANDLING ADVERSE INCIDENTS

Recommendation 4.5: In relation to clinical risk management: **4.5 (i) Review of clinical risk Management Policy should be undertaken including reporting and monitoring arrangements**	
Action	Review the clinical risk management policy to clarify roles, reporting mechanisms agreed and monitoring arrangements.
Trust lead	Director of Corporate Services assisted by other Executive and Clinical Directors with agreed responsibilities
Time-scale	February 2001
NAW lead monitor	NHS Directorate

4.5(ii) The way major policies, such as clinical incident reporting are introduced should be reviewed	
Action	Review the way in which major policies are introduced and implemented.
Trust lead	Director of Corporate Services assisted by other Executive and Clinical Directors with agreed responsibilities

Time-scale	February 2001
NAW lead monitor	NHS Directorate Divisions as appropriate

4.6 Review action plans for clarity and accountability for reporting monitoring arrangements and progress in achieving compliance. Action plans to be dated and a procedure instituted to audit compliance

Action	a) Ensure format of action plans is clear, dated and include accountability for monitoring. b) Ensure a clear procedure for the introduction and compliance testing of action plans.
Trust lead	Director of Corporate Services
Time-scale	December 2000
NAW lead monitoring division	Performance Management Division

4.7 A review of the care environment to assess risk and quality should be undertaken and an action plan prepared

Action	Complete the trust wide review of the care environment to assess quality and risk including priorities for action and take due account of the findings.
Trust lead	Director of Corporate Services
Time-scale	December 2000
Lead monitor	Health Authority.

4.8 (i) In relation to patient records, a standard format of nursing notes should be established trust wide and audited	
Action	a) Identify a trust wide standard nursing record system based on best practice and RCN guidelines. b) Introduce and audit compliance.
Trust lead	Director of Nursing
Time-scale	a) January 2001 b) March 2001
NAW lead monitoring division	Nursing Division

4.8 (ii) An audit to track medical notes should be undertaken to establish how record retrieval systems could be improved	
Action	a) Audit the retrieval systems thorough an extension to the current Information Quality Programme being undertaken at the Trust. b) Review the current system against best practice with implementation and monitoring.
Trust lead	Clinical Director (Ambulatory Care) advised by Medical Records Monitoring Group
Time-scale	a)March 2001 b) May 2001
NAW lead monitoring division	Health Information Management and Technology Division

4.8 (iii) The adequacy and quality of medical notes should be included in the current annual trust wide clinical audit programme	

Action	· Assess the adequacy and quality of medical records initially through the current Information Quality Programme being undertaken at the Trust. · Include trust wide medical records audit in the annual clinical audit programme.
Trust lead	Clinical Director (Ambulatory Care) – advised by Medical Records Monitoring Group
Time-scale	March 2001
NAW lead monitoring division	Health Information Management and Technology Division

4.9 Audit anonymised correspondence related to complaints to test responses against outcomes of investigations. Include this as part of the Complaints Committee work programme on a regular basis. The review should be undertaken in consultation with lay representation.

Action	Provide regular reports, including audits of responses against investigations, to Trust Board to ensure corrective action is taken and include lay involvement.
Trust lead	Chief Executive
Time-scale	January 2001 and on-going
NAW lead monitoring division	Performance Management Division

4.10 The Chief Executive should consider the appointment of a liaison officer to manage complaints trust wide to develop (i) structured and monitored front line resolution (ii) a more corporate approach

Action	a) Nominate a complaints manager with authority to manage complaints trust wide. b) Develop front line resolution that is appropriately structured, resourced and monitored. c) Develop corporate approach to complaints reporting, monitoring and handling.

Trust lead	Chief Executive
Time-scale	a) February 2001 b) and c) within 2 months of appointment
NAW lead monitoring division	Performance Management Division

CLINICAL GOVERNANCE

4.11 (i) a) Review the clinical governance strategy ensuring clarity of structure, accountability (professional and managerial) for implementation and monitoring	
Action	a) Review clinical governance strategy clearly identifying structures and accountability bench marking with similar organisations. b) Disseminate (with training, if appropriate) implement and monitor.
Trust lead	Chief Executive assisted by professional advice from Medical Director and others
Time-scale	January 2001 b) April 2001
NAW lead monitoring division	Quality Division

4.11 (I) (b) Define the role of the Director of Nursing in developing quality and clinical governance	
Action	a) Review and define Nurse Director's role, responsibility and relationships. b) Review existing quality and standards setting structures for nursing. c) Establish Trust wide quality standards/clinical governance group for nursing. d) Develop, publish and audit Trust wide standards of nursing care.
Trust lead	Director of Nursing
Time-scale	a) and b) January 2001 c) and d) October 2001

NAW lead monitoring division	Nursing Division

4.11(i) (c) Establish formal mechanism between Medical Director and Nurse Director for delivering clinical governance

Action	Review and redefine roles, structures, responsibility and operational responsibility of Medical Director and Nurse Director for clinical governance.
Trust lead	Chief Executive/Medical Director/Nurse Director
Time-scale	December 2000
NAW lead monitoring division	NHS Quality Division

4.11 (i)(d) Clarify the professional lines of accountability for professional nurse supporting clinical governance with Medical Director

Action	Establish clear lines of accountability for the nurse supporting clinical governance for her clinical and for her clinical governance roles.
Trust lead	Director of Nursing (with Medical Director)
Time-scale	December 2000
NAW lead monitoring division	Nursing Division

4.11 (i)(e) Clarify the role of the Clinical Effectiveness Resource Unit

Action	a) Review the staff support arrangements required for implementing clinical governance. b) Prioritise and implement an action plan based on the findings of the review.
Trust lead	Director of Nursing with Medical Director and Clinical Governance Committee

Time-scale	a) December 2000 b) on-going
NAW lead monitoring division	NHS Quality Division

4.11 (ii) (a) to (e) Review the committee structure for clinical governance and establish groups with clear remit and separate functions of steering from managing clinical governance

Action	Review the clinical governance organisational structure against best practice including the functions of: • Leadership and direction • Operational management Establish clear terms of reference and appropriate membership for group within the structure, including patient representation (e.g. through patients' panel).
Trust lead	Chief Executive
Time-scale	March 2001
NAW lead **monitoring division**	NHS Quality Division

4.12 Regular meetings to consider dissemination of clinical governance issues and establish formal mechanism of monitoring progress

Action	• Establish regular meetings for information on clinical governance to be made available to staff and for staff to influence implementation • Establish a formal mechanism for monitoring progress
Trust lead	Medical Director and Nursing Director
Time-scale	March 2001

NAW lead monitoring division	NHS Quality Division

4.13 Agree mechanism for equitable distribution of resources for training and development of all staff

Action	a) Identify continuing professional development needs of all staff groups against clinical governance implementation strategy and clinical priorities. b) Implement equitable distribution of resources accordingly.
Trust lead	Director of Organisational Development, assisted by Professional Development Committee
Time-scale	March 2001
NAW lead monitoring division	Human Resources Division

4.14 Establish Trust wide multi-professional (including lay representation) clinical audit group

Action	· Review the existing clinical audit structure and activity. · Identify revised structure to include a Trust wide group with multi-professional and lay membership. · Establish mechanisms and identify future audit programmes ensuring priorities from patient perspective (complaints) national priorities (National Institute of Clinical Excellence, National Service Frameworks) and local priorities (Health Authority and Trust) are included.
Trust lead	Chief Executive
Time-scale	April 2000
NAW lead monitoring division	NHS Quality Division

MANAGEMENT AND QUALITY OF HEALTH CARE PROVISION

4.15 (i) Review decision to align nursing structure outside clinical directorates and general management arrangements

Action	Conduct an options appraisal on the nursing structure, at the same time as the nursing workforce review (4.15iv).
Trust lead	Director of Nursing
Time-scale	March 2001
NAW lead monitoring division	Nursing Division

4.15 (ii) Develop strategy to devolve financial resources to clinical directorates

Action	a) Develop quarterly reporting of clinical directorates' use of nursing resources to include bank and agency, sickness absence rates, training and education needs analysis, grade mix, vacancies, recruitment and retention issues. b) Review appropriate mechanism to manage the financial resources.
Trust lead	Director of Nursing (Finance Director)
Time-scale	March 2001
NAW lead monitoring division	Nursing Division

4.15(iii) Develop Trust wide policies and procedures for nursing audit, Research and Development and a strategy for quality in care

Action	a) Review and define Nurse Director's role, responsibility and relationships in relation to audit, quality and R&D.
	b) Review existing quality and standards setting structures.
	c) Establish quality standards/clinical governance group for nursing and Research and Development structures.
	d) Develop, publish and audit Trust wide standards of nursing care.
	e) Ensure nursing representation on Trust wide R&D committee.
	f) Link R&D to development of policies and procedures.
Trust lead	Director of Nursing
Time-scale	April 2001
NAW lead monitoring division	Nursing Division

4.15 (iv) Review nursing staff skill mix to inform workforce planning strategy	
Action	In line with the NAW workforce planning process, conduct nursing skill mix exercise and feed into workforce planning strategy at Health Authority and National levels.
Trust lead	Director of Nursing
Time-scale	April 2001
NAW lead monitoring division	Human Resources Division

4.15 (v) Strategy for nursing recruitment and retention

Action	a) Develop a nursing recruitment and retention policy linked to NAW policies (*Delivering for Patients),* Health Authority Health Improvement Plans trust strategies and operational plans.
	b) Consider Assembly sponsored "Return to Practice" courses.
Trust lead	Director of Nursing
Time-scale	February 2001
NAW lead monitoring division	Human Resources Division

4.15 (vi) Explore rotational posts for nursing staff to develop expertise in specialist areas

Action	a) Establish nurse development strategy linked to Trust strategic direction and operational plans, Health Authority Health Improvement Plans and in line with *Delivering for Patients*.
	b) Establish Practice Development in Nursing Group to oversee nursing standards, induction, rotation and education and training based on need analysis, clinical supervision.
Trust lead	Director of Nursing
Time-scale	a) April 2001
	b) April 2002
NAW lead monitoring division	Nursing Division

4.15 (vii) Audit the practice of ventilating patients on wards other than Intensive Care Unit (ITU) and High Dependency Unit (HDU)

Action	a) Audit ward ventilated patients as part of critical incident review.
	b) Review the policies and procedures (including admission and discharge) for ICU and HDU.
	c) Develop internal procedures including ICU outreach support and assessment.
Trust lead	Clinical Director – Critical Care, supported by Clinical Resources Utilisation Committee
Time-scale	February 2001
NAW lead monitoring division	Nursing Division

4.16 Review arrangements for disciplinary issues and support arrangements	
Action	Review the arrangements for disciplinary procedures and support in line with *Delivering for Patients* and national professional guidance. Particular attention should be given to communication arrangements and lines of responsibility for appropriate action.
Trust lead	
Time-scale	April 2001
NAW lead monitoring division	Human Resources Division

4.17 Appointment of Human Resources (HR) Director at Executive Board level	
Action	Clarify role and responsibility in relation to existing HR structure such that there is clear accountability at Board level for HR issues.
Trust lead	Director of Personnel, assisted by Medical Director
Time-scale	February 2001

NAW lead monitoring division	Human Resources Division

STEPS REQUIRED TO IMPROVE PARTICIPATION IN PLANNING SERVICES BY SERVICE USERS, CARERS AND OTHER AGENCIES

4.18 Establish a steering group to develop a communication strategy for service and planning issues. Include patient and voluntary sector representation	
Action	a) Establish a steering group with multi-professional and multi-sector representation. b) Review the work already undertaken in the Trust and LHG's. c) Develop and implement a trust wide communications strategy including the involvement of local people in service planning and communication issues.
Trust lead	Chief Executive
Time-scale	a) December 2000 b) January 2001 c) Development of strategy by end of February 2001, implementation on-going
NAW lead monitoring division	Human Resources Division

4.19 Rigorously monitor the planned managed clinical networks with particular regard to waiting times	
Action	Ensure services delivered through managed clinical networks are monitored.
Trust lead	Medical Director
Time-scale	December 2000 and ongoing
Lead monitor	Health Authority

STEPS REQUIRED TO SUPPORT THE TRUST'S CAPACITY FOR IMPROVING SERVICES

4.20 Work with an organisation development agency to:

(i) Undertake analysis of developmental requirements arising out of clinical governance

(ii) Facilitate agreement of organisational development priorities

(iii) Support the Chief Executive and the Board in setting a development programme

Action	Identify organisation agency/support arrangements (including that available through NAW HR Division) to establish needs, priorities and development programme for Executive and Non Executive Board Members.
Trust lead	Chief Executive
Time-scale	January 2001
NAW lead monitoring division	Human Resources Division

4.21 Trust Board to initiate explicit structure for partnership working with the Health Authority and Local Health Group

Action	Consult with stakeholders and agree a mechanism and structure for partnership working with Health Authority and LHG.
Trust lead	Chief Executive
Time-scale	January 2001
NAW lead monitoring division	Performance Management Division

4.22 Clarify mechanisms for developing nursing policy in line with *Realising the Potential*

Action	· Develop a nursing advisory structure and undertake a stock-take against *Realising the Potential*. · Review the existing mechanisms for developing nursing policy against the stock-take, disseminate, implement and monitor the resultant action plan.
Trust lead	Director of Nursing
Time-scale	September 2001
NAW lead monitoring division	Nursing Division

4.23 Review role and function of Accident and Emergency Department, designate and resource appropriately

Action	For further discussion with the Commission for Health Improvement, NAW, Health Authority and Trust.
Trust lead	Clinical Director – Ambulatory Care
Time-scale	April 2001
NAW lead monitoring division	Performance Management Division