

No.	Component / chapter	Recommendation	HIW review of progress made against CHI recommendation
1.		Common standards and practices to be established for patients undergoing surgery in line with agreed best practice.	<p>The Trust has put in place a number of measures to address this issue. The National Patient Safety Agency (NPSA) Correct Site Surgery guidance is regularly audited and the latest guidance has been implemented. As a result a new policy has been adopted. A new comprehensive audit is in place, which takes account of Operating Department Assistant (ODA) checks to ensure that they are carried out and that necessary forms are completed.</p> <p>Patient anaesthetic checks are undertaken, which include direct checking with the patient, and the theatre list is monitored. All the information obtained is fed back to the surgical teams, to the Performance Management Group and to the Trust Board. These measures appear to provide adequate means for ensuring that there are common standards in place.</p>
2.		A 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 an additional safeguard in reporting.	<p>The Trust has moved away from film usage to the new electronic Patient Archive Communication System (PACS). The system provides higher resolution screens in the X-ray department and Intensive Therapy Unit with normal resolution screens used in the rest of the Trust. Images can be manipulated and back up systems are in place.</p> <p>X-ray marking is audited regularly and has provided results of 99%-100% compliance. It is important to note that the only non-compliance has been no mark rather than a wrong mark.</p> <p>The new system has been successfully implemented across both Trust sites in theatres and A&E. There is the added facility for operation of the system at all other sites and for consultants at home. We observed the system in use in a number of clinical areas and ascertained that the lower resolution screens in more general use do not cause difficulties for clinical staff. The system is not used for some orthopaedic work where consultants prefer use of film for actual size templates.</p>
3.		Review the Trust Wide Strategy for developing Clinical Governance to ensure clarity of structure and professional and managerial accountability for implementation and monitoring.	<p>The Trust Strategy for clinical governance has been evolving over the last 8-9 years and there are a number of threads supporting clinical governance which include Patient and Public Involvement (PPI) and quality systems such as risk management and audit.</p> <p>The Clinical Governance Committee is currently reviewing its terms of reference but this work is monitored through Trust board, which ensures that it is working strategically. There is strategic focus and operational accountability and clarity. Directorates have their own governance groups to monitor quality and risk issues locally.</p> <p>Risk management is based on a standard scoring system but this appears to be interpreted differently by different directorates and consideration needs to be given to how full implementation of</p>

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			<p>the system can be supported to ensure equitable assessment of risk across all areas of the Trust. We noted that a number of staff, some at a senior level, were not aware of key risks.</p> <p>Several respondents whilst well versed about risk in their own area of work, showed little knowledge for others which suggests that more work needs to be done to create shared and multi disciplinary ownership of risks.</p> <p>There is a well managed system for the reporting of serious untoward incidents which is now moving to on line reporting but it is not clear how events are triggered for the Boards attention.</p>
4.		<p>Review the role and function of the Accident and Emergency Department at Prince Phillip Hospital and designate it and resource it appropriately.</p>	<p>After this recommendation was made by CHI, the British Association for Emergency Medicine (BAEM) carried out an external review at the request of the Trust. The main recommendation arising from that review was that the A&E Department at the Prince Phillip Hospital (PPH) should become a nurse led unit but concerns about this proposal were expressed by stakeholders and commissioners and the recommendation was not taken on board.</p> <p>A service strategy was produced following consultation and the Trust made a commitment to continue providing a 24-hour service. This eventually led to a staffing crisis and in the Summer of 2003 the LHB expressed concerns about the quality and sustainability of the service.</p> <p>At the beginning of September 2003 the Trust introduced a 12-hour service, but this met with significant public and political reaction. The LHB conducted a further review, which led to the A&E Dept being reopened to provide 24 hour care. Night time medical coverage is now provided by GP's with A&E training.</p> <p>In seeking to address this issue the Trust has adopted a new and evolving model for the A&E Department. There has been an improvement in emergency access comparing favourably with other departments across Wales.</p> <p>Emergency Nurse Practitioners have been commissioned with a well-defined sphere of practice. All ENPs have a managerial role in addition to their clinical responsibility and a second more junior level tier of ENPs has been introduced. There has been a very positive response to this service, with average waiting times being reduced, and the Trust is keen to expand the service. However there are funding issues that the Trust is trying to resolve with the LHB.</p>

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			<p>The changing situation at PPH since 2003 means that the service should continue to be closely monitored in terms of quality and sustainability particularly as current funding issues remain unresolved.</p>
5.		<p>Review the decision to align the nursing structure outside of the Clinical Directorates and develop a strategy to devolve financial resources to Clinical Directorate level with effect from April 1st 2001.</p>	<p>A clear nursing strategy is in place and the nursing structure and budgets are now firmly embedded within the Clinical Directorates.</p> <p>The dependency on agency staff is monitored closely and has been considerably reduced and the Trust has strict guidelines in place to ensure that all staff, including temporary staff, under-go induction.</p>
6.		<p>Review the arrangements for dealing with disciplinary issues, particularly when they impact on service issues in such a public way. At a basic level, this might include a statement about the Trusts policy to provide confidential access to personal support and counselling.</p>	<p>All new members of staff receive induction training. They are not permitted to commence their employment until they have received this training. Induction training takes place fortnightly and includes disciplinary and capability training. Whistle blowing is covered in the induction training and several counter fraud issues have been raised for investigation. Staff can and do use the incident reporting process when concerns are identified.</p> <p>There is mentorship and nominated personnel within each directorate with whom staff can discuss issues of concern. The view expressed by staff was that the culture was open and receptive and that matters reported were taken seriously.</p> <p>Staff who have been in post for some time receive disciplinary/capability training triggered by promotion or by being given additional responsibilities. Interviews revealed, however, that established staff are not routinely given training in these matters which the Trust should take action to rectify.</p> <p>All staff interviewed were aware of the new HR structure and there were a number of positive comments made to us about the level and quality of HR support received.</p>