

Paul Barnett
Chief Executive
Carmarthenshire NHS Trust
West Wales General Hospital
Glangwili
Carmarthen
SA31 2AF

Eich cyf . Your ref
Ein cyf . Our ref

30 November 2006

Dear Paul

HEALTHCARE INSPECTORATE WALES (HIW) REVIEW OF CARMARTHENSHIRE NHS TRUST'S PROGRESS AGAINST THE COMMISSION FOR HEALTHCARE IMPROVEMENT (CHI) ACTION PLANS.

I write further to Healthcare Inspectorate Wales' recent review Of Carmarthenshire NHS Trust's progress against the action plans prepared following publication of the CHI Review report published in June 2003 and the Carmarthenshire NHS Trust Investigation report published in November 2000.

We found that the Trust has made good progress in taking forward the recommendations made in both CHI reports and in implementing the agreed action plans. The review team found the Trust to have given careful consideration to the recommendations made and the impact that they have on the organisation. It was clear that there has been close consultation with staff and partners to ensure that the Trust's responses were appropriate and timely. Specifically the HIW review team considered the Trust to have:

- Made good progress in taking forward its Welsh Language Scheme.
- A good system of on-line incident reporting. We would encourage the Trust to continue with its phased approach to full implementation of online reporting across the Trust and understand that arrangements are also being made for members of the public to feedback and raise concerns via the Trust Internet site.
- A structured approach for auditing compliance with NICE guidance and National Service Frameworks and for the dissemination of audit findings.
- Developed a culture of evidence based clinical practice.



- Well-structured and managed induction training which has contributed to the progress made in relation to a number of the recommendations.
- Demonstrated commitment to new ways of working such as the development of the Emergency Nurse Practitioner (ENP) role.

The Trusts approach to human resource management is to be commended for its contribution to the Trusts open culture. It is clear that training and development is seen as a priority.

In terms of the patient's experience, we were also impressed by how well the Trusts 'Red Tray' system works in practice i.e. those patients requiring assistance at mealtimes are given a red tray highlighting their needs to staff. Further, the Trusts approach to managing unscheduled admissions and delayed transfers of care through its Patient Flow Group and proactive management at ward level is worthy of note.

There are a few areas where progress has been slower which the Trust now needs to address. Specifically, the Trust should:

- Address the significant number of high scoring (20+) estates related risks (CHI recommendation 1.1).
- Evidence the effectiveness of improvements in continence care and management through the evaluation of training and of the patient experience at ward level (CHI recommendation 1.2).
- Provide consistent and accessible information to increasing number of non-English speaking patients (CHI recommendation 1.4).
- Identify and target those groups of staff who do not attend training courses so that the reasons for non-attendance can be identified and suitable arrangements to ensure their attendance put in place (CHI recommendations. 1.5, 2.5, 3.3).
- Analyse and address issues related to risk and incident under-reporting and inconsistencies in reporting style and scores across directorates and departments (Recommendations 2.1, 2.4 and 3.2 of CHI review report and recommendation 3 of CHI investigation report).
- Ensure that future clinical audit programmes encourage the integration of different disciplines and elements of clinical governance (CHI recommendation 3.1).
- Review the role and functions of the Trusts Audit Committee to ensure that findings from clinical audit are used to influence planning and service development (CHI recommendation 3.1).
- Take steps to minimise the risk of outdated information remaining on the Intranet (CHI recommendation 4.1).
- Review the decision not to develop a separate Clinical Effectiveness Strategy, as part of the current review of the Clinical Effectiveness Support unit (CHI recommendation 4.2).
- Develop opportunities for specific training on diversity issues for all staff (CHI recommendation 6.2).

- Strengthen leadership in the area of use of information to support clinical care (CHI recommendation 7.1).
- Agree and implement a standardised system for the use of whiteboards and ensure consistent practice across the organisation (CHI recommendation 7.4).
- Evidence how feedback from patients and the public is used to actively influence service planning and development (CHI recommendation 8.6).
- Although measures put in place by the Trust are having an impact on patient flow, there is a sense that patient discharge is sometimes delayed because of issues related to the funding of continuing care and the lack of appropriate community placements. The resolution of some of these issues is dependant upon Trust partners and the further development of integrated care pathways (CHI recommendation 4.2).
- The Trust has taken action to improve patient flow where possible but the situation is not satisfactory. Monthly meetings are held with partners but it is difficult at times for agreements to be reached despite a genuine commitment from all concerned and this remains an area of concern that needs to be resolved (CHI recommendation 8.5).

Further details of the progress made against the recommendations made by CHI are set out in the attached appendices 1 and 2. These have been drawn from your self-assessment submission, the findings arising from our review of the documentary evidence and the site visit that took place between 2 and 4 October 2006.

If you have any queries relating to factual accuracy of this response then please would you contact Lesley Simpson, Inspections Manager on 02920 928862 to discuss them. If we do not hear from you by 11 December we will assume you are happy with the review of progress against the CHI action plans and this letter and appendices will be placed on the HIW website.

Once the letter and appendices have been posted on the HIW website, the Trust should prepare a response based on the recommendations made within the letter.

- The response should be approved by your Board and returned to us within 6 weeks of receipt of our letter.
- Final sign off of your Action Plan will then be agreed jointly between HIW, the Trust and the Mid and West Wales Regional Office.
- The Regional Office will then monitor progress against the agreed Action Plan as part of its routine performance management arrangements.

We believe this will conclude the process, however, should any issues remain unresolved at this time we will be happy to discuss them. May I take this opportunity to thank you and everyone at the Trust for your assistance with this review.

I am copying this letter to Denise Llewelyn, Director of Nursing.

Yours sincerely

DR PETER HIGSON

Chief Executive