

Component / Chapter	Recommendation	Action points	HIW Review of Progress against the CHI Action Plan
1	The Trust must progress plans to establish an effective CAMHS	To develop an action plan that includes service users	To be reviewed as part of the all Wales CAMHS review to be undertaken by HIW later in 2006-07.
2	The Trust should continue to improve performance against waiting time targets including those regarding access to cancer services	To review current delivery	<p>The Trust is meeting national targets for waiting times in most areas apart from cancer where targets are being missed for a small number of patients, this continues to be a challenge for the Trust.</p> <p>Some of the delays arise due to causes outside of the Trusts control as some cancer treatment is provided by neighbouring Trusts.</p> <p>Major efforts are being made to improve the situation with regard to cancer waiting times, such as the implementation of a process to alert the Trust to potential breaches of waiting times so that actions can be taken.</p> <p>Note: Since our review the Department of Health and Social Services Delivery and Support Unit have visited the Trust and confirmed that their cancer waiting times are now in line with national targets.</p> <p>The 'Shooting Star' unit provides a modern cancer unit with very good facilities, which appears to provide a model of good practice. The Trust feels it is now on track to meet the end of year targets but it should continue to regularly review and monitor the situation closely.</p> <p>Waiting times in A &E are amongst the best in Wales.</p>

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3	The Trust should ensure all patient and service user accommodation is fit for purpose and should continue to progress planned improvements to facilities and accommodation	<p>To continue the planned improvement to facilities, accommodation (patient/staff) and patient environments</p> <p>To review Estates strategy</p> <p>To ensure arrangements for improving the environment of care are based on HPE (Hospital Patient Environment) assessments</p>	<p>The hospital site and layout presents a challenge for the Trust with buildings in some cases being quite old and dispersed over a large area. The Trust's Estate Strategy (December 2003), which is monitored through the Estate Strategy Team, has identified key capital priorities, which have been completed over recent years, these include an outpatients department, the 'Shooting Star' cancer unit and accommodation for staff but other improvements are still required.</p> <p>The Clean Hospital Committee has a key role in ensuring accommodation is fit for purpose and undertake regular audits of the hospital. The outcomes of these audits are incorporated into balanced scorecards.</p> <p>The local Community Health Council also audits the hospital and prepares reports. Most CHC reports reviewed by the HIW team noted that the Trust was generally performing well.</p> <p>We consider the Trust to be working hard to make improvements to ensure that patient and service user accommodation is fit for purpose but the layout and age of some of the buildings does not make this an easy task.</p>

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4	The Trust should establish processes to help introduce and monitor changes identified through patient feedback	<p>To involve Service Users</p> <p>To establish use of wide range of methods to obtain feedback e.g. 'Mystery patient', Discharge questionnaire</p> <p>Link with Audit programmes</p>	<p>Strategies for public and patient involvement (PPI) are in place together with a Public and Patient Involvement Committee that is increasingly involved in the decisions made at a corporate and directorate level within the Trust. In addition there is a Public Members Group.</p> <p>Monitoring of PPI work is carried out and publicised through the Trust's PPI Annual Report, processes are well established and comprehensive. The latest report published in April 2006 affirmed the Trust's commitment to facilitating the involvement of Public Members in the Clinical Audit and Research agenda.</p> <p>Patient feedback mechanisms are in place and include patient stories, focus groups and questionnaires.</p> <p>However, we feel that the emphasis of the Trust's work in this area to date has been on the involvement of patients in audit rather than on gaining information on the patients experience. The Trust should ensure the experiences of patients and service users are captured and where needed changes made.</p>

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5	The Trust needs to improve patient service user and carer involvement in Risk Management	<p>To establish a process that provides clear feedback to and from the Risk Management Committee and the PPI Steering Group.</p> <p>To establish links with Complaints Committee and NPSA</p> <p>To benchmark with other Trusts that have engaged patient representatives in risk management</p> <p>To implement PPI Action Plan (2003-2004)</p>	<p>PPI is being introduced into areas such as risk management. Patient views are sought on policies and procedures and this approach is beginning to become part of the Trust culture.</p> <p>The Integrated Risk Group has recently extended its membership to include the PPI Manager in order to ensure that the public/patient perspective is considered in its work. This is a positive step and the Trust should continue including the PPI Manager in this work.</p>
6	The Trust should consider setting a target time for the completion of investigations into incidents classified as high risk	<p>Directorates to be informed within 48 hours any code reds in order that an investigation can commence (Immediate)</p> <p>Directorates to complete an investigation within a 3 month timescale</p> <p>To maintain ongoing communication between Directorates & Risk Management department for the exceptions where it is clear the investigation will take longer</p>	<p>The Trust has a comprehensive Incident and Hazard Reporting Policy (Oct 2005) which includes clear and detailed guidance and sets out the timescales for the investigation of high risk incidents.</p> <p>Procedures for the investigation of high risk incidents include the setting up of a review team, production of a report and action plan. All reports and action plans are submitted to the Risk Management Committee and it monitors progress with over due reports being identified, noted in the minutes and followed up. The system appears to work well. However, not all staff were clear as to the timescales set for the investigation of incidents and the Trust should remind staff of the policy.</p>

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7	The Trust needs to provide more direction for audit activity, which is linked into clinical service planning, development and improvement	<p>To review and update the clinical audit / effectiveness strategy</p> <p>To build upon links established with the Local Health Boards and Conwy & Denbighshire NHS Trust</p>	<p>The Clinical Effectiveness Strategy and Clinical Governance Strategic Development Plan (2005-2009) addresses the CHI recommendation.</p> <p>The Strategy identifies the need to work with partners and aims to inform commissioning and planning through clinical audit, care pathways and research and development. The Trust has robust audit structures in place and was able to provide examples of joint working with LHBs and improvements in service planning achieved due to audits undertaken.</p>
8	The Trust should identify ways to involve patients and carers in clinical audit strategy and programme development and in the design of audit	<p>To prepare and implement the action plan</p> <p>To appoint a lay member to the committee following guidance and support from the PPI Committee to implement the PPI initiative</p>	<p>Following the CHI report the Trust organised a forum (May 2005) to identify how they could better involve the public in the Trust's audit and research work. A number of recommendations were taken forward, including encouraging public members to put forward ideas for audit and research topics, involving public members in the design of relevant topics, disseminating the results of audits and ensuring audit and research work links with PPI and that audit forms part of the PPI Annual Plan.</p> <p>A workshop was also held with Trust PPI members and clinical audit leads to explore topics for audit.</p>
9	The Trust should establish links with other clinical governance activities, such as complaints and incident monitoring, to inform audit programmes	<p>To co ordinate audit/clinical effectiveness activity across the Trust and linking with other committees responsible for clinical governance</p> <p>To identify priorities within complaints, risk and other related activities to inform the annual audit programme</p>	<p>The Trust's Integrated Risk Management Groups Terms of Reference (2005) identifies the group's remit being to share learning from significant incidents, trends analysis, complaints, litigation, health and safety, risk management and audit. We found the membership and minutes of the Group to support this remit and work is being undertaken to link audit activity with complaints and incidents.</p> <p>We noted that the PPI Manager has recently joined this group (June 2006) which will enhance its work.</p>

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10	Trust and Directorate audit programmes should promote and encourage multidisciplinary audit	<p>To identify Trust and Directorate audit programmes, which promote and encourage multi-disciplinary audit.</p> <p>To support all Trust staff (by education, training and advice) to actively participate in the multi-disciplinary evaluation and monitoring of existing and new services</p>	The Trust has good audit systems and procedures in place to support staff in undertaking audit. Audits are registered centrally and each application form has a tick box to denote whether it is a multi-disciplinary audit or not. We noted many examples of multi-disciplinary audits.
11	The Trust needs to involve patients, service users and carers in clinical effectiveness strategy development and programmes	To ensure mechanisms are in place to meet strategy objectives	Clinical effectiveness issues are discussed by the PPI Group. In addition the Trust consults with Public Health members on relevant issues such as research projects.
12	The Trust should ensure reliable mechanisms are in place at Directorate level to monitor and report on effectiveness programmes	<p>To promote and encourage a culture to support evidence based practice within the North East Wales NHS Trust</p> <p>To ensure reliable mechanisms are in place at Directorate level to monitor and report on effectiveness programmes</p>	<p>There are effective clinical governance structures in place across the Trust, which support evidence based practice within the directorates.</p> <p>The Trust's Interventional Procedures Advisory Group (IPAG) has been established to ensure that there is a formal process in place for the introduction of any interventional procedures or devices.</p> <p>The directorate audit groups receive reports on new, ongoing and completed audits and also monitor effectiveness by reviewing national guidance such as NICE, National Service Frameworks and the confidential enquires.</p>

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13	The Trust should ensure Trust and Directorate audit programmes, audit compliance with national guidance such as NICE guidance	To take account of the future NICE development programme to inform future planning and practice. To support existing monitoring and reporting systems within Directorates	<p>The Trust has established a NICE database, which includes details of all NICE guidance and technical appraisals.</p> <p>NICE documents are disseminated to directorates by the Clinical Audit and Development Department. Directorate audit groups as indicated above review national guidance such as NICE and ensure that they are included in directorate audit programmes.</p> <p>The Trust has established a NICE Commissioning Group, which includes representatives from the Trust, Wrexham and Flintshire LHB's. It meets monthly to discuss the impact of new NICE guidance on commissioning and services and to make recommendations in relation to implementation.</p>
14	The Trust should develop a process to monitor and report participation in national confidential enquiries	To request the relevant Directorates provide recommendations and action plans as a result of local issues resulting from the confidential enquiries including changes in practice	<p>For each national confidential enquiry a senior clinician is identified as the Trust lead.</p> <p>Confidential enquiries are discussed at directorate audit meetings and there is a structured approach in place for reporting progress against local action plans to the Clinical Governance Committee.</p>

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15	The Trust should improve communication of audit results and lessons learnt from audit activity and develop a process to ensure changes are made to practice as a result of audit	<p>To encourage Directorates to present findings to colleagues Trust wide.</p> <p>To include in Clinical Audit / Effectiveness Strategy the following objectives:</p> <p>Directorates to provide evidence of changes to practice and lessons learnt.</p> <p>To determine how best to communicate results to the public by asking themselves and working with public representatives and CHCs/voluntary bodies, etc</p> <p>To provide guidance on communicating results of audit to the Trust and local partners</p>	<p>The Trust's annual symposium provides a forum for staff to present the findings arising from audits they have undertaken.</p> <p>Staff are encouraged and supported to prepare and present posters for display across the Trust outlining audit activity and findings. They also receive feedback through Directorate Audit Groups, who receive reports of completed projects and discuss recommendations. In addition briefings are placed on staff notice boards.</p>
16	The trust must develop the workforce planning process to ensure that it addresses corporate as well as Directorates priorities	<p>To ensure workforce planning relates to the development needs of the Trust's workforce</p> <p>To involve human Resources Committee, Training and Education Committee (NEWTEC) and Executive Board</p> <p>To submit workforce plan NAFW</p>	<p>Much effort has gone into developing a workforce planning processes. An annual workforce plan is produced which attempts to predict the effect of issues such as: agenda for change, junior doctors working hours, and flexible working practices. The plan has been submitted to the Welsh Assembly Government and the Trust is participating in the review being taken forward by the Workforce Development Educational Commissioning Unit, which aims to deliver a new and integrated workforce planning system for Wales.</p> <p>The planning process is on going and is included as a standing item on the North East Wales Training and Education Committee agenda.</p>

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17	The Trust needs to review the extent to which its clinical supervision policy is being used, provide clear direction and improve understanding of this policy	<p>To develop a Trust wide policy that brings together all individual professional clinical supervision practice / policies</p> <p>To promote clinical supervision practice across the Trust</p>	<p>There is a policy for the Clinical Supervision for Nurses, Midwives and Health Visitors (April 2004) which outlines the key principles, responsibilities and support for training.</p> <p>Guidelines for the supervision of individual groups such as junior doctors, consultants and other doctors are also in place but there is no overarching document and we were not provided with any evidence of procedures for the supervision of Allied Health Professionals being in place.</p> <p>In discussions with staff it was evident that there was not always clarity as to where clinical supervision responsibilities lay. The Trust must continue its plans to develop a Trust wide policy that brings together all individual professional clinical supervision practice and policies.</p>
18	The Trust should review arrangements for the protection of staff working out of hours, particularly in A&E and imaging staff within the radiology department	<p>To implement a policy for managing safely in the presence of violence and aggression throughout the Trust and introduce appropriate levels of training for staff.</p> <p>To review current arrangements for protection of staff particularly to ascertain the action taken to date arising out of specific risk assessments.</p>	<p>A Trust policy to Protect Employees from Violence and Aggression (October 2005) has been passed by the Board and a number of practical measures have been put in place since the CHI visit. These include improved police cover, re-structuring of the A&E Department, the employment of additional security staff, certain accesses being locked and new types of doors fitted elsewhere. Further measures are also planned that will make the A&E Department safer.</p> <p>A number of staff reported the situation as being improved but some A&E and radiology staff still stated that they felt unsafe and the Trust needs to ensure their concerns are addressed.</p>
19	The Trust needs to develop processes to ensure feedback from staff leads to improvements and that	<p>To review the Trust's arrangements for how to listen to staff and how to act on feedback.</p> <p>To involve staff side</p>	<p>The Trust has worked very hard to improve the staff communication and feedback mechanisms and has set in place a consultative structure which includes operational and strategic forums allowing staff to give feedback.</p>

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	disseminated across the learning is Trust	<p>representatives through the Joint Consultative Committee</p> <p>To ensure, following the review, communication channels and processes are appropriate and fit for purpose.</p> <p>To ensure processes are in place to “close the loop” from risk assessments, complaints and incidents</p>	<p>Staff ‘<i>Talk Shops</i>’ are held with the Chief Executive and the Director of Human Resources. In addition approximately 8 or 9 open forums are held per annum where frontline staff are given the opportunity to discuss issues with the Chief Executive.</p> <p>Trust news and Chief Executive briefings are published monthly.</p>
20	The Trust should ensure staff appraisal and professional and personal development is comprehensively implemented and embedded within all Directorates, particularly within the Estates and Facilities Directorates	<p>To implement Personal Development review(PDR) Policy</p> <p>To establish the process as mandatory requirement across the Trust</p> <p>To encourage ownership of the process so that it is valued and not mechanically implemented</p> <p>To ensure general outcomes of Personal Development Plans (PDPs) can be collated within the Trust to inform Directorate development and training plans</p>	<p>At the time of our review the Personal Development Policy had recently been amended to incorporate the Knowledge Skills Framework as part of Agenda for Change and was awaiting final ratification.</p> <p>There has been delay in taking this recommendation forward due to the Agenda for Change process and the implementation of the appraisal process was found to be inconsistent across the Trust. In a few directorates there is widespread use of appraisal but in others, especially Estates and Facilities, there has been no improvement since the CHI report. This is a concern and needs to be addressed urgently.</p>

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21	The Trust needs to ensure that the Clinical Governance Board informs the Training Strategy and has a mechanism for monitoring progress on the delivery of education, training and professional development	<p>The Training and Education Committee (NEWTEC) will take responsibility for realising the “Lifelong Learning” component of the Clinical Governance Strategy on behalf of the CG Board</p> <p>To adopt ‘Investors in People’ as the vehicle by which the lifelong Learning Strategy can be achieved</p>	See comments set out against Recommendation 23.
22	The Trust should consider co-ordinating all Directorate training plans into a Trust wide plan to avoid duplication in education and training provision	To develop a mechanism for aggregating common training and development needs across the Trust in order that training and education programmes can be more effectively targeted and which are fit for purpose	See comments set out against Recommendation 23.

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23	The Trust needs to identify timescales for education and training strategy objectives	Develop an action plan for the Trust's Training and Education Strategy	<p>The Trust has a draft Lifelong Learning Strategy (2006-2009) which sets out the direction and development of education and professional development for the next 3 years. Once ratified the Lifelong learning Strategy will ensure a structured approach education and training.</p> <p>The Strategy includes a 3 year action plan, which although still to be ratified by the Trust Board, will help to identify training needs and the time scales for training provision.</p> <p>A problem for most Trusts at the present time is fitting all the building blocks of professional development into a single system. Competency, Agenda for Change and KSF are just some of the external pressures being placed on organisations that already have to cope with complex internal arrangements.</p>

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24	The Trust needs to maximize the use of its existing information systems to monitor performance and outcomes, support performance review and improvement, inform CG activities and support implementation of policies and guidelines	<p>To develop and implement the IM&T Strategy</p> <p>To develop data warehouse and improve access to information</p>	<p>There are various clinical information systems in place across the Trust and one of the challenges it faces is to mould these into an inclusive system.</p> <p>A rolling programme for the improvement and development of Information Management and Technology is in place, it is detailed in the latest IM&T Strategy. This will eventually provide a comprehensive system that fully meets the Trust's information needs and requirements of the CHI recommendation.</p> <p>The Strategy is designed to meet the aims set out in the National Informing Health Care Strategy (IHC) as well as those of the Trust.</p> <p>The Trust Board receives Clinical Performance Reports which include analysis of clinical information and outcomes including mortality, average length of stay, readmissions and death rates by each directorate.</p>
25	Wider access to Intranet is required	To resubmit proposals to Capital Board to replace and extend network and device infrastructure	<p>There has been extensive investment in IT systems and the provision of large numbers of PC's across the Trust. Consequently the number of staff with access to the Intranet has increased since the CHI review, but it is not possible to estimate the exact number of staff with access. Recently 'hits' on the Intranet site have been recorded and it appears to be heavily used.</p> <p>Access to the Intranet does vary across the Trust but those that use the system value it as a communicative tool.</p>

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26	The Trust needs to improve access to analytical support for all staff	To implement IM&T Education and Training Strategy	<p>The appointment of a Clinical Informatics lead has been key to the improvement of analytical support for staff. One of the main responsibilities of this post is to provide clinical information to support clinical decision making, audit research and clinical governance within the Trust. Many staff have undertaken and completed training in respect of systems relevant to their particular directorates and the European Computer Driving Licence but levels of training are variable.</p> <p>The overall impression is that the Trust is moving forward in providing analytical support for staff.</p>