

Hilary Peplar
Chief Executive
North East Wales NHS Trust
Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7TD

Eich cyf . Your ref
Ein cyf . Our ref

5 December 2006

Dear Hilary

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

I write further to Healthcare Inspectorate Wales' recent review of North East Wales NHS Trust's progress against the action plan prepared following publication of the CHI report in October 2003.

We found that the Trust has made good progress in taking forward the recommendations made by CHI and implementing the agreed action plan. The review team considered 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:

- Robust audit structures in place with examples of joint working with local LHBs.
- Improved patient and public involvement across the organisation, specifically in relation to audit.
- Good system in place for the registration of audits and many examples of multi-disciplinary audits.
- Worked hard to improve the communication and feedback mechanisms for staff, employing a number of methods to achieve this.

Particular issues to note were the Trust's Integrated Risk Management Group whose remit is to share learning from significant incidents, trends analysis, complaints, litigation, health and safety, risk management and audit.



There are a few areas where progress has not been made, or has been slow which the Trust now needs to address, specifically the Trust should:

- Continue to regularly review, monitor and improve performance against waiting time targets including those regarding access to cancer services to ensure that it meets national and local targets (CHI Recommendation 2).
- Ensure that all staff are aware of the timescales for the completion of investigations into incidents classified as high risk (CHI Recommendation 6).
- Continue its plans to develop a Trust wide policy that brings together all individual professional clinical supervision practice and policies (CHI Recommendation 17).
- Ensure that all staff have the opportunity to have an appraisal and put in place a system to monitor the uptake of appraisal across the organisation. A specific area of concern is the Estates and Facilities Directorate, which was highlighted previously in the CHI report (CHI Recommendation 20).
- Ensure that the Lifelong Learning Strategy (2006-2009) is ratified as soon as possible to ensure that education and professional development can move forward (CHI Recommendation 21, 22, 23).

Finally, whilst the trust has made efforts to improve the situation regarding safety arrangements for staff, there still remain issues in Accident and Emergency (A&E) and radiology that need to be addressed (CHI Recommendation 18).

Further details of the progress that your organisation has made against the 25 recommendations made by CHI is set out in the attached Appendix which has been drawn from your self-assessment submission, the findings arising from our review of documentary evidence and the site visit that took place between 4th and 6th October. We did not review progress against recommendation 1 as this will be covered as part of the HIW All Wales thematic review of Child and Adolescent Mental Health services that is taking place later in 2006/2007.

If you have any queries relating to factual accuracy of this response then please would you contact Marina Peters, Inspections Officer on 02920 928816 to discuss this. If we do not hear from you by 15th December 2006 we will assume you are happy with the review of progress against the CHI action plan and this letter and Appendix will be placed on the HIW website.

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

- The response will need to 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 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 all of the staff in your organisation who have contributed to this review for their hospitality and for being so helpful, it is much appreciated.

I am copying this letter to Carole Condren, General Manager, Clinical Governance.

Yours sincerely

DR PETER HIGSON
Chief Executive