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Introduction

Bro Morgannwg NHS Trust (the trust) was established in 1999, serving a population of 300,000 people living in Neath Port Talbot, Bridgend and the western Vale of Glamorgan. There are some deprived areas. Bridgend and Neath Port Talbot have a higher percentage of residents with limiting long term illness, and the standardised mortality ratios are higher than the Welsh national average.

The trust has a budget of £231 million and employs 6,214 staff. It operates in 31 community clinics and 10 hospital sites, providing a comprehensive range of acute adult and children’s services, general community and therapy services, and mental health inpatient and community services. Forensic mental health services are provided across the whole of south Wales, and learning disability services cover an area between Bridgend, Swansea and Cardiff. On behalf of the NHS in Wales, the trust manages the surgical materials testing laboratory and Welsh health supplies. The trust relates to three local authorities and three newly formed local health boards. It works with the Health Commission Wales, which commissions specialist services. The trust has good links with the Welsh Assembly Government through secondment of people and project involvement.

In 2001, the Commission for Health Improvement (CHI) carried out a clinical governance review of acute services. This review relates to mental health and forensic mental health services and general community and therapy services. Observations were carried out in the learning disabilities directorate, although it was not the main focus of the review.

This report by CHI gives an independent assessment of clinical governance in the trust for the services reviewed.

The review is part of a rolling programme of reviews of clinical governance in NHS organisations in England and Wales.

Clinical governance is the system of steps and procedures adopted by the NHS to ensure that service users receive the highest possible quality of care, ensuring high standards, safety and improvement in patient services.
What is the purpose of the review?
CHI's clinical governance reviews set out to answer three questions:
1. What is it like to be a service user here?
2. How good are the trust/systems for safeguarding and improving the quality of care?
3. What is the capacity in the organisation for improving the service user's experience?

What is covered by a CHI review?
CHI's review assesses seven areas of clinical governance. The areas are:
1. service user involvement
2. risk management
3. clinical audit
4. staffing and staff management
5. education and training
6. clinical effectiveness
7. use of information
CHI's review also describes two further areas:
1. the service user experience
2. the trust's strategic capacity for developing and implementing clinical governance
An explanation of CHI’s assessments
On the basis of the evidence collected, CHI’s reviewers assess each component of clinical governance against a four point scale:

i  Little or no progress at strategic and planning levels or at operational level.

ii  a) Worthwhile progress and development at strategic and planning level but not at operational level, OR
    b) Worthwhile progress and development at operational level but not at strategic and planning level, OR
    c) Worthwhile progress and development at strategic and planning and at operational level, but not across the whole organisation.

iii Good strategic grasp and substantial implementation. Alignment of activity and development across the strategic and planning levels and operational level of the trust.

iv Excellence – coordinated activity and development across the organisation and with partner organisations in the local health economy that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development.
What are CHI's conclusions about Bro Morgannwg NHS Trust?

What was the overall impression of the trust?
The trust has strong stable leadership with dedicated contribution from non executive board members. Effective clinical governance structures are in place. Mental health and forensic mental health services are regarded as high priority, with a mental health sub committee reporting to the board. Effective change management is occurring in some areas of service reprovision. Staff are committed to providing quality care.

What are CHI's conclusions based on its review of the trust?
The trust is committed to improving quality and supporting staff, and has achieved Investors in People and five Charter Mark awards.

The trust views all services as being integrated with the community and has appointed senior staff to facilitate integration across directorates. Integration could be further enhanced through increased cross directorate working, sharing of good practice and through the development of integrated care pathways.

A challenge facing the trust is the further development of models of care to support changing case mix on inpatient mental health wards so that staff are supported in providing services that meet the needs of people with substance misuse, mental health problems and dual diagnosis.

The trust has robust systems in place to monitor its performance and achieve its financial targets.

What areas of notable practice were identified?
A Heart Smart project delivers a community based screening programme for coronary heart disease (CHD) to identify those who are at a high risk of developing CHD but do not traditionally access primary healthcare.

Staff in the forensic mental health directorate learn by challenging practice in an academic peer review process. Cases are discussed three months after admission in the presence of professionals from another team; follow up academic reviews are undertaken annually.

What, if anything, did CHI find that the rest of the NHS can learn from?
A multidisciplinary integrated care pathway project for chronic obstructive pulmonary disease (COPD) has been established, involving social services and GPs to support patients in the community. Chronic obstructive pulmonary disease registers have been established. Patients have been involved in the project planning and their carers are being trained to help people with breathlessness.
What are the key areas of action that the trust needs to address to improve its clinical governance systems?

CHI expects the trust to review all aspects of this report. Here we highlight areas where action is particularly important or urgent.

- The trust must work with other local health organisations and commissioners to plan and deliver services in environments appropriate to the needs of adolescents requiring access to mental health and forensic mental health services.

- The trust should urgently review, with local partner organisations and commissioners, its models of care in the inpatient services to ensure the needs of patients with mental health, substance misuse and dual diagnosis problems are adequately provided for. Systems to monitor adherence to substance misuse policies should be established.

- The trust needs to share its vision for audit and its priorities with staff, ensuring increased staff and service user and patient involvement.

- The trust needs to ensure further development of integrated care pathways occurs in partnership with patients, service users, carers and external organisations.

- The trust should ensure it has an integrated multiprofessional education and training strategy.

- The trust should prepare its information management and technology readiness plan following the Welsh Assembly Government publication of Informing Healthcare, and ensure operational staff are aware of the key priorities affecting them.
What is it like to be a service user in Bro Morgannwg NHS Trust?

In this section we report what we observed and what service users said about their experiences, through surveys or directly to CHI. We also look at what the trust’s figures can tell service users about access to services, how they are involved in their own care and the outcomes of their care.

Many things can impact on a service user’s experience of their local NHS service. These may include how easy it was to access the care they needed, the outcome of their care, whether they and their relatives or carers were treated with respect, the information they were given about their care and the choices they had in the care they received.

**Are service users treated with dignity and respect?**

Service users are positive about the respect demonstrated by committed staff. Service user involvement in care planning is strong in forensic mental health services but is underdeveloped in mental health services. The care planning approach will be introduced in Wales in 2004. Service users are aware of their key worker. Some service users are orientated to the ward and its routine on admission, while others would like further reinforcement as their condition improves. Service users reported they feel they are in a safe environment.

A women’s care policy has been developed in the forensic mental health and mental health directorate. There are separate sleeping bays, toilets and bathrooms in ward areas. In some wards, toilets and bathrooms are used for both sexes by staff assisting service users.

In one unit, service users identified a lack of storage space to keep their belongings secure.

**Can service users access the services they need?**

The community hospital is well used and respected by its local community. It provides a wide range of inpatient and outpatient services and specialist nursing and allied health professional services. This reduces the necessity of patients travelling to the main trust sites and provides a base for the reablement team and a community mental health team.

The Maesteg community hospital’s inpatient ward medical cover is provided by the local GPs. After April 2004, the GPs will no longer provide medical support to these wards and the out of hours service. Cover will be provided by a community physician supported by nurse practitioners.

Speech and language therapy waiting lists have improved. Waiting times for podiatry services are improving, with no one waiting over 12 weeks in Neath Port Talbot and no one waiting longer than 48 weeks in Bridgend. The community hospital is participating in a partial booking system for consultant clinics whereby appointments are determined by patient needs, resulting in fewer clinics and appointment cancellations.

Service users are positive about support from community mental health teams. There is access to respite beds for mental health service users. Some mental health service users are sent to low secure units outside of the local area and funded by local health boards.

The trust is not a provider of child and adolescent mental health services, and acknowledges the risks involved in managing child and adolescent acute psychiatric emergencies due to the lack of appropriate facilities. The trust is forced to admit adolescents into adult inpatient wards within specific care guidelines when appropriate placements cannot be found elsewhere in Wales. The trust
Bro Morgannwg NHS Trust

What is it like to be a service user in Bro Morgannwg NHS Trust? continued

is linked to a child and adolescent mental health clinical network provided by a number of trusts and obtains advice from a child psychiatrist.

There is a community drug and alcohol team providing services in the community and advice to the acute medical and mental health wards. Policies and advice from the community drug and alcohol team are inconsistently followed in inpatient areas, resulting in drug assessments not being undertaken on admission. Half of the admissions to the inpatient mental health wards have substance misuse problems. Service users and staff are concerned that this affects those with purely mental health needs. Illegal drugs on wards are a problem and there are policies in place to manage this in partnership with the police. This is managed well in the forensic mental health services.

How good are the standards of cleanliness and facilities?
The trust environment is clean and tidy with good décor; attempts to make the clinical environments homely are evident. The quality of the bathroom showers, tiles and carpets in one area needs improvement.

Public catering facilities are of an acceptable standard; one site has achieved the Heartbeat Wales award for promoting healthy eating. The majority of service users found the food provided satisfactory. Snacks for service users are available, but with limited choice. One clinical area provided bowls of fresh fruit.

What do the figures show about outcomes at the trust?
The trust has achieved the Welsh Assembly Government waiting time targets for inpatient, day cases and all specialities in outpatients departments.

There are multidisciplinary reablement teams that work well with agencies to support people on discharge and reduce admissions and readmissions. Readmission rates are significantly lower than the Welsh national average.

On one site, mental health service users experience delays to discharge due to waits for medication coming from a different site, although there is a pharmacy on site. The trust is preparing a business case to provide pharmacy services to these patients.

Bed occupancy in the forensic mental health and mental health directorates is high, with beds being used for new admissions while existing patients are on planned leave from units. An ongoing action plan to support the demands in the acute mental health inpatient unit is in place. Stakeholders report that, while assessments for forensic mental healthcare are undertaken by the trust, it is not always possible to obtain a bed. Forensic mental health services will be moving to a newly commissioned building in 2004, which will double the bed capacity. However, it is not known whether there are sufficient resources to open all of this new facility.

What did CHI find out about how care is organised by the trust?
Day care mental health services provide a range of treatment clinics and social and therapeutic activities. Well established partnerships with education and voluntary organisations exist for service user skills development. Day centre activities are open to inpatients, although places are limited. Inpatient areas provide activities; however, many service users reported that more activities are required to reduce the boredom. In the forensic mental health service, there are activities coordinators and community volunteers, called Friends of the Caswell clinic, who organise social activities.
What areas of the service user experience should the trust consider?

- The trust should ensure there is greater involvement of service users in care planning, and develop capacity to implement the care planning approach.
- Pharmacy provision for mental health services on one site should be made.
- The trust needs to review ways of increasing social and therapeutic activities for inpatient service users based on personal care planning needs.
- The trust must improve the quality of bathrooms, tiles and carpets on one site.
What is CHI's assessment of the trust's systems for service user, carer and public involvement?

This section describes how service users can have a say in their own treatment and how they and user and carer organisations can have a say in the way that services are provided.

What is CHI's main assessment?
Structures, systems and partnerships are in place to involve service users, patients and carers in service planning, although the links between strategic and operational level are not cohesive. Suggestions for improvement are actively sought and action plans developed in some areas. Feedback to partners and service users on improvements made is slow.

CHI's assessment = ii (c)

What are CHI's key findings?
The designated lead for patient, service user, carer and public involvement (PUCP) is the director of nursing. There is enthusiastic support from a non executive lead. Patient involvement issues are discussed at trust board level. There is a patient participation and involvement development group to steer the strategy. A service user experience facilitator leads implementation and works closely with voluntary organisations, staff, service users and carers.

Each directorate has a managerial lead for patient, service user, carer and public involvement, and two directorates have patient councils. There is patient council and advocate representation in a range of mental health directorate management group meetings.

The trust has achieved five Charter Mark awards for demonstrating that a wide range of customer needs is being catered for and consultation occurs with service users and staff where choices can be made.

The trust public involvement development group has membership from partner organisations and carers and umbrella organisations representing the voluntary sector. There are three patient councils in the mental health directorate and a user friendly group in the forensic mental health directorate. User involvement in substance misuse services is limited. Service users' ward meetings vary in frequency and change is limited.

The trust has a constructive relationship with local community health councils (CHCs). The community health council representatives attend trust board meetings and the clinical governance subgroup committees; some wards have used the Alzheimer's Society to run carers' meetings. The trust has worked with partners on a scheme appointing an elderly mentally infirm residential home advisory team to deliver training to carers in local authority homes.

Service users have been involved in the planning and design of new facilities in the forensic mental health and learning disabilities directorates. Each resident that is moving has a picture board of their new accommodation and has been taken to see the accommodation.

A joint community health council, Mental Health Matters voluntary organisation and trust service user survey has been completed. The findings reflect issues raised in previous trust surveys a few years ago, such as provision of more information and activities for service users. Questionnaires, focus groups to seek patient views about service provision and follow up workshops and action plans occur.
What is CHI’s assessment of the trust’s systems for service user, carer and public involvement?

The trust has a suggestion scheme, which was used by 350 people in 2003. The trust is refining its process for dealing with the suggestions.

Feedback to service users and voluntary organisations on actions taken following suggestions is slow. Not all service users are informed of how to complain.

There are systems to disseminate good practice across directorates. Operational staff could give few examples of improvements resulting from patient, service user, carer and public involvement.

The forensic mental health services have a service user group that produces newsletters. Information for patients in Welsh and English is available but variable. Service users highlighted that mental health act leaflets should be readily available and information relating to medications should be available in an easy to understand format; involvement of service users in pharmacy services would support information production. There is a lack of involvement of service users and carers in the various clinical governance components.

The percentage of non white residents in the area is low and, in 95% of care episodes, the ethnic group of the patient was not recorded. Staff have access to language interpretation services. Fluent Welsh is spoken by 4% of staff. A number of staff are trained to meet the needs of hearing impaired people. The trust works with organisations representing the needs of people with physical disabilities. The profile of the chaplaincy services could be raised to promote the spiritual needs of service users and patients.

Advocacy services are available to inpatient service users of working age in the mental health and learning disabilities directorates, but not all service users are aware of the level of service provided. Advocacy services are not available in the other directorates.

Consent relating to the mental health acts is well understood and complied with. The trust is implementing the general consent policy and training is provided. The effectiveness of the training requires evaluation, as some staff provided differing explanations on the trust policies for consent and do not attempt resuscitation.

Training in customer care is available. Some of the voluntary organisations that the trust works with would be willing to provide training and development of staff in relation to service user, carer and public involvement.

What areas of patient involvement should the trust consider?

- The trust needs to provide timely and systematic feedback on improvements made.
- The trust must ensure equity in the availability and access to advocacy services.
- The trust should review and strengthen the strategic and operational links of its patient, service user, carer and public involvement strategy.
- Action is required to institute recording of ethnic monitoring data.
- The trust should continue to promote training and awareness of staff in relation to consent and do not attempt resuscitation policies.
What is CHI's assessment of the trust's systems for risk management?

This section describes the trust’s systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

**What is CHI’s main assessment?**

Risk management is understood at all levels of the organisation. An open culture exists to encourage the reporting of near misses or critical incidents. There are risk management structures and systems in place to analyse and report the information received. The trust is working towards complying with the Health and Safety Executive (HSE) notices relating to violence and aggression and manual handling.

CHI’s assessment = ii (c)

**What are CHI’s key findings?**

The designated lead for overall risk management is the deputy chief executive. There is a risk management strategy and policy. A risk management steering group meets bimonthly, from which the trust board receives reports. The trust achieved 88% compliance in the Welsh risk pool management standards. Risk registers are in place and risk forms part of the performance monitoring of directorates.

A governance support unit coordinates risk management throughout the trust. It uses a sophisticated computer database to analyse and produce detailed reports corporately and for directorates.

The trust works in partnership with external organisations in assessment of risk associated with mental health and forensic mental health service users. The trust is represented on the area’s vulnerable adults committee. Staff are aware of the vulnerable adults policy.

Staff are aware of how to report incidents and near misses. The trust is reviewing its incident management and reporting procedures to ensure time and resources are relative to the seriousness of the issue. The directorates have processes to analyse information and make changes following incidents and risk assessments, resulting in the community hospital running a falls programme, falls guidance to increase staff awareness and clinical indicators development.

Serious untoward incidents are reported to the executive team within three days, and there is a process for deciding on how to undertake investigation. Stakeholders report that the trust probably has formal policies to ensure external agencies were informed of any serious untoward incidents affecting them, but were unclear of the existence of formal structures.

The trust has mechanisms to disseminate risk related learning. Operational staff could identify few changes made as a consequence of dissemination.

The trust attends area child protection committees. There is a trust child protection subgroup reporting to the children’s strategy group. The action plans following the publication of recent national reports have been submitted to the board. The trust is participating in the CHI corporate self assessment child protection audit.

The trust has designated nursing and medical child protection leads, although the medical lead does not have dedicated sessional time allocated for this role. Nursing and therapy staff attend child protection training; uptake by doctors is poor.
Staff comply with the lone working policy, but do not carry personal alarms; where difficult situations are anticipated, staff will visit in pairs. Community psychiatric nurses carry mobile phones. Inpatient wards have wall positioned panic alarms. There are CCTV cameras on four sites. On one site, CCTV cameras are monitored by ward staff. On another site, staff can call a porter if they need to move between areas on site at night, but feel vulnerable if only female staff are on duty.

Sight lines to observe patients at risk of self harm are poor in some areas due to the geographical layout of buildings. Staff manage this by checking ward areas regularly and implementing observational policies dependent on risk assessments. Assessments are undertaken to minimise ligature points to prevent self harm in the mental health and forensic mental health services, but not trust wide. These risks have been considered in the commissioning of new buildings.

A multiprofessional infection control committee meets quarterly, and there are trust wide infection control priorities. A small infection control team operates a link nurse system, with participation by the mental health services. Attendance by other services at link nurse meetings is minimal. A hand washing audit programme is being rolled out in the trust.

There is a small tissue viability team for the whole trust, which necessitates a reactive approach. A strategy is being developed. Tissue viability progress reports go to the trust professional practice forum, but there are no formal links to the risk management committee. A link nurse system operates well. The tissue viability nurses are participating in the community nurse wound care group.

The trust has implemented a resuscitation policy. Checking of resuscitation trolleys by ward staff was not documented in many cases. A few staff reported procedures for action that were different from the written policy.

Trust policies in clinical areas were due for renewal and had not been updated. Staff did not appear to access the policies on the intranet.

Limited risk management training is provided. The trust has received HSE improvement notices relating to its systems of violence and aggression management and manual handling. An action plan to comply with the notices is in place. The notices have been extended to February 2004 to enable the trust to comply and will be monitored by the HSE. Internal staff provide manual handling training in the mental health directorate. The trust has appointed an external company to provide violence and aggression training. The forensic mental health service has developed an inhouse instructors' course for violence and aggression management.

A Royal College of Psychiatrists audit listed the mental health directorate as one of the top 10 units in the country for the management of electroconvulsive therapy (ECT). There is a lead clinician for electroconvulsive therapy and there are established protocols. Guidelines are implemented and audit is undertaken regularly.
What is CHI’s assessment of the trust’s systems for risk management?

What areas of risk management should the trust consider?

- Trust wide risk management training programmes should be made available and uptake increased. Compliance with mandatory training must be given high priority.
- All clinical areas must have up to date policy manuals and familiarise staff in applying the policies and using the intranet for support.
- Reinforcement of the resuscitation policy and equipment checks should take place, particularly where the need for resuscitation does not occur often.
- The trust must ensure it has clear protocols with local health organisations to discuss the impact of serious untoward incidents affecting systems and processes across boundaries.
- The trust should ensure tissue viability reports are sent to the risk management committee.
This section describes how the trust ensures the continual evaluation, measurement and improvement
by health professionals of their work and the standards they are achieving.

What is CHI's main assessment?
There are systems and processes in place to support audit activity. The trust gathers a lot of
information by undertaking a wide range of audits in response to external policy drivers. Operational
staff awareness of direction, priorities, results and training opportunities relating to audit is limited.
There is limited service user involvement.

CHI's assessment = ii (c)

What are CHI's key findings?
The medical director is the board lead for clinical audit. There is no clinical audit strategy; however,
an annual plan of activity to be undertaken is derived from national priorities. Strategic direction
is provided by the clinical audit and effectiveness committee and the clinical effectiveness steering
group. The trust board receives information regularly. There is an audit department whose guidance
and support to staff is valued by those who use it.

Directorates have designated local audit leads and audit plans. Some local audits are initiated
from incident reports, complaints and policies. Local audit leads approve proposals and follow up
implementation of findings. Not all audits are registered centrally. Audits are considered as part of
directorate performance reviews.

The trust participates in a range of national multicentre audits and confidential inquiries. Action plans
are produced following national confidential reports, for example for suicide and homicide by people
with mental health illnesses.

Involvement of service users, carers and staff in setting priorities or planning for clinical
audits is limited. Limited joint audits with local health organisations occur in relation to child
protection, reablement and mental health act sections. A limited number of inter directorate and
multiprofessional audits take place.

Internal benchmarking between teams is taking place in relation to fundamentals of care standards,
and the audit results are displayed on public notice boards in the community and therapy directorate.
Benchmarking in relation to other standards is in its infancy.

A multiprofessional clinical governance afternoon was introduced in September 2003 to discuss
clinical governance issues and disseminate audit findings. The results of audits are published in an
annual report. Audit results are cascaded in directorates through team meetings. Staff find lunchtime
audit sessions difficult to attend due to poor publicity and clinical commitments. Operational staff are
able to state few changes in practice as a result of audit being undertaken.

The trust recognises that multiprofessional audit training opportunities need to be developed. The
uptake of audit training is poor in some areas. The extent to which audit informs the trust education
and training strategy is limited because the strategy is under development.
What is CHI’s assessment of the trust’s systems for clinical audit? continued

What areas of clinical audit should the trust consider?
- The trust needs to convey a clear vision and direction of its audit programme and priorities.
- The trust should further involve service user, carer and public and staff in coordinating and setting an audit programme that affects changes to the patient experience.
- The trust needs to continue its efforts to improve information dissemination by making better use of the intranet.
- Action should be taken to expand training opportunities and increase the uptake of training.
What is CHI's assessment of the trust's systems for clinical effectiveness?

This section is about the way the trust ensures that the approaches and treatments it uses are based on the best available evidence, for example from research, literature or national or local guidance.

**What is CHI's main assessment?**
There are structures and systems in place to develop and manage clinical effectiveness, but compliance needs to be better monitored in some areas. There is scope for more partnership working across directorates, across organisations and with service users in relation to integrated pathway development.

**CHI's assessment = ii (c)**

**What are CHI's key findings?**
The medical director is the board lead for clinical effectiveness. There is no designated budget for clinical effectiveness. The clinical audit and effectiveness committee oversees the programme of clinical effectiveness. A new draft clinical governance strategy is awaiting board approval, which, together with the research and development strategy, will drive the clinical effectiveness agenda. Regular reporting to the board takes place.

A clinical effectiveness steering group has a framework to consider and disseminate external guidance, such as National Institute for Clinical Effectiveness (NICE) guidance, and monitors NICE drug related guidelines. Progress reporting systems are in place. Where external guidance cannot be supported due to resource issues, the item is placed on the risk register. Compliance by medical staff is not universal in the mental health directorate.

A national service framework (NSF) project board meets to review progress made against NSF targets relating to mental health and coronary heart disease. There is a framework for integrated care pathway development, which is beginning to produce multidisciplinary care pathways. Compliance with targets and standards related to external guidance and pathways is linked to the audit priorities of the trust.

There is a lead director for partnership working with statutory organisations for joint planning and strategy setting. Multiprofessional Sure Start programmes are in place. A multidisciplinary integrated chronic obstructive pulmonary disease project has been established, involving social services and GPs to support patients in the community. Chronic obstructive pulmonary disease registers have been established. Patients have been involved in the project planning and their carers are being trained to help people with breathlessness, resulting in improvements in care.

Evidence based practice includes a Heart Smart project that delivers a community based screening programme for coronary heart disease, identifying people who are at a high risk of developing coronary heart disease but who do not traditionally access primary healthcare. Clinical teams do not use clinical indicators.

All patients suffering from schizophrenia are assessed in the forensic mental health directorate for their amenability to cognitive behavioural therapies, and a psychological therapies coordination group allocates a psychologist and therapist to best fit a patient’s needs. Approximately 60% of patients receive therapy treatment.
Dissemination of information occurs through a variety of forums. District nurses hold support meetings attended by local health board pharmacy advisors. In the forensic mental health directorate, staff learn by challenging practice through a peer review process. Cases are discussed three months after admission in the presence of professionals from another team.

All staff groups have access to the libraries on different sites. There are no specific measures in place to provide services to practitioners in rural areas. Limited numbers of journals relating to mental health and nursing are kept in the library. Passwords are required to access the internet, and staff report limited use of the intranet.

Clinical staff are supported in undertaking diploma, degree and PhD programmes where critical appraisal skills are learnt.

**What areas of clinical effectiveness should the trust consider?**

- The trust needs to support staff in benchmarking and the development of clinical indicators.
- The trust needs to ensure that further development of integrated pathways occurs in partnership with service users, carers and external organisations.
- The trust should improve access to the intranet, internet and journals.
- The trust should provide critical appraisal skills for staff not undertaking formal degree programmes.

**What is CHI’s assessment of the trust’s systems for clinical effectiveness? continued**
What is CHI's assessment of the trust's systems for staffing and staff management?

This section covers the recruitment, management and development of staff. It also includes the promotion of good working conditions and effective methods of working.

**What is CHI's main assessment?**
Staff enjoy working for the trust and retention is good. The trust has achieved Investors in People accreditation. There is good partnership working with the trade unions, with staff representation at board level. Workforce planning is undertaken. Risk management in relation to covering absences of single handed practitioners needs to be managed.

**CHI's assessment = ii (c)**

**What are CHI's key findings?**

The designated lead for staffing and staff management is the deputy chief executive. The trust has a human resource (HR) strategy and action plan. There is no specific trust committee for discussing operational staffing and staff management issues; however, workforce information monitoring reports and staff issues are discussed regularly at the trust board. Management of HR is devolved to the directorates.

The trust has effective partnership arrangements with unions through a well established joint staff committee. Representatives from the committee sit on the trust board as non voting members, and their input is valued. The trust’s staff charter is displayed in public areas.

A workforce plan has been completed for the whole organisation. There has been limited discussion with local trusts in relation to workforce planning when recruitment is occurring from a localised pool. The trust generally is successful in recruiting and retaining staff, although difficulties are experienced in recruiting psychiatrists and allied health professionals due to national shortages.

Staff report that staffing levels are appropriate in clinical teams; however, tools to assess skill mix are not commonly used. The trust acknowledges that succession planning is an issue and addresses it in the strategy for nursing, midwifery and health visiting. The trust has processes in place to cover single handed practitioners when absent; however, some practitioners reported that clinical activity may not be covered.

The trust uses long term locums to cover vacancies and has policies in place, but not all locums receive systematic induction and supervision, and, sometimes, registration checks may not be done in time prior to employing a locum. The trust has systems in place to check registration of permanent professional staff in directorates.

Most staff have attended trust wide induction days and directorate inductions.

The directorates are compliant with working time directives for junior doctors; however, full compliance with European working time directives is still to be achieved. Nursing staff are paid overtime so that bank or agency staff are rarely used when staff shortages occur. The trust is analysing the impact on the working time directive. Sickness rates are monitored for each service. Exit interviews are conducted in some areas but are not systematically offered to all staff.
Staff reported mostly positive comments in relation to supervision; however, in some parts of the trust, clinical supervision is underdeveloped. There is a draft trust policy for the clinical supervision of staff and assessing staff competence. The forensic mental health services have their own nursing clinical supervision policy.

The majority of staff have been appraised. There are systems to monitor the number of staff appraised but not the number with personal development plans.

There is a range of support services for staff. There is a dignity at work policy for dealing with bullying and harassment, and staff are aware of this. Staff make use of informal mediation and are increasingly reporting bullying and harassment to the occupational health services.

There are processes in place to take action on poor professional performance, and staff are confident in reporting concerns.

The trust recognises the contribution of staff and holds regular staff recognition and long service days. Family friendly polices are implemented, such as term time working. There are positive reports of team working and high levels of staff morale. The level of cross directorate working and learning is limited. Staff consultation on capital builds occurs.

Trust staff are diverse and include staff with sensory impairments and overseas nursing recruits. There is a framework for delivering change to promote racial equality, although this is not known about by operational staff. Some staff had not received diversity training.

**What areas of staffing and staff management should the trust consider?**

- The trust should implement a supervision policy for all groups of staff.
- An integrated multiprofessional approach to workforce planning should be adopted using, where appropriate, recognised establishment setting tools to support service development and staff deployment.
- The trust needs to work with local health organisations on workforce planning issues relating to the localised pool of staff.
- The trust needs to review the risk management issues related to single handed practitioners.
- The trust needs to monitor the implementation of locum induction and registration checks.
- The trust board needs to monitor the actions taken to reduce bullying.
Bro Morgannwg NHS Trust

What is CHI's assessment of the trust's systems for education, training and continuing personal and professional development?

This section covers the support available to enable staff to be competent in doing their jobs, while developing their skills and the degree to which staff are up to date with developments in their field.

What is CHI's main assessment?
Good support for education and training exists. There is a commitment to developing multiprofessional education and an integrated multiprofessional approach to undertaking training needs analysis linked to trust and directorate service objectives. Leadership development is supported.

CHI's assessment =ii (c)

What are CHI's key findings?
The deputy chief executive is the designated board lead for education, training and continuing personal development. A multiprofessional education training group meets quarterly. The board discusses education and training reports. There is no overall trust multiprofessional training and development strategy. Directorates produce training plans, and some local training needs analyses are conducted by different professional groups.

A wide range of training programmes is offered, with time and financial support available. Education and training is linked to appraisals; however, for some staff groups, this is not linked to personal development plans. Operational staff are not always aware of the related links to trust, directorate and team objectives.

The uptake of training to support clinical governance components is limited in relation to audit, critical appraisal skills, risk and information. Evaluation of the level of investment in meeting trust priorities and objectives for improving quality of care and services should be considered.

Good partnerships with higher education institutes in developing training courses and providing learning opportunities exist. Students evaluate learning environments and experiences positively. Discussions are taking place to develop training in substance misuse, given the changing case mix.

Multiagency training takes place relating to unified assessments of vulnerable adults and risk assessment.

Opportunities to look at new ways of working and models of care should be enhanced in preparation for moves to new buildings. Lessons learnt from other directorates should be considered, such as the BTEC positive behaviour management course undertaken by all staff in learning disability services in preparation for residents moving into the community. The course has increased motivation and morale, staff awareness of new ways of working and has increased residents’ empowerment.

A database of attendance at mandatory training is maintained. An action plan is in place to comply with the HSE notices for manual handling and violence and aggression training.
What is CHI's assessment of the trust’s systems for education, training and continuing personal and professional development? *continued*

What areas of education and training should the trust consider?
- The trust should develop and implement an integrated multiprofessional education and training strategy.
- The trust must monitor the provision of personal development plans for all groups of staff.
- The trust must ensure all staff undertake mandatory training.
- The trust should evaluate the effectiveness of its education and training programmes in supporting its clinical governance and service development objectives.
This section describes the systems the trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of patient care.

What is CHI's main assessment?
The trust continues to expand its provision of information management and technology (IM&T), although some staff still do not have access. A lot of performance management information is generated to inform decision making, and quality data checks are made. Robust performance management monitoring arrangements are in place for the directorates.

CHI's assessment = ii (c)

What are CHI's key findings?
There is an executive director for information management. Discussion takes place at board level. The trust has IM&T strategy and annual development plans. The trust's strategic direction and priorities for IM&T are not widely known. Following the publication of the Informing Healthcare national policy in July 2003, the trust will be preparing readiness plans. The trust is taking a lead role in managing the Programme Support Office, established to project manage the implementation of Informing Healthcare across Wales.

The trust has a robust performance management framework to examine the performance of directorates. Indicators for clinical governance and quality of care are being developed and will be integrated into the framework. Clinical staff can request information from the information department and directorate IM&T facilitators to help them look at their services and practice. These facilitators ensure that data are accurate and audit the process regularly; however, clinical staff are cautious about the validity of the information.

The trust has a number of IT systems that are standalone and are not interfaced.

The Caldicot (confidentiality) guardian is the medical director. Staff understand the importance of patient confidentiality as a principle but are unaware of Caldicott standards and training. Confidential information on white boards that could be seen by the public was observed.

Information sharing between disciplines is to be discussed as plans for unified assessments develop. There is a range of separate information sharing protocols with external organisations. The trust is going to appoint an information governance manager, and a freedom of information manager has been appointed.

The pharmacy department has IT resources to support its service; pharmacists on one site carry palmtop personal computers to quickly access information. The British National Formulary is available electronically on the intranet.

New staff can experience delays regarding access to computers and the internet. A few areas away from the main hospital sites do not have access to a computer.

Some specialist nursing posts do not have the necessary computer or clerical support to undertake information gathering and analysis. Where there is good computer access, not all staff are familiar with or use the hospital intranet regularly.
What is CHI’s assessment of the trust’s systems for using information? continued

The trust has a committee to monitor patient health records, but clinical staff are unhappy transferring patient records in their cars from one site to another due to security concerns.

The trust has multidisciplinary patient records in some teams. Community nurses are unclear if there will be a future strategy for them to enter data directly into GP computer systems; this will be dependent upon the results of two general practice pilots being conducted by the trust. The trust is looking at encryption systems before it can send patient information electronically.

There are systems in place to externally validate the quality of data produced. The trust achieved data accreditation in 2002 and data process accreditation in 2003.

IT training is available to staff; however, access and uptake of training is variable.

Service users have IT training but cannot access the internet. The use of computers by service users and carers should be considered as an additional means of providing access to information.

What areas of using information should the trust consider?

- The trust should prepare its IM&T readiness plan following the publication of *Informing Healthcare* and ensure operational staff are aware of the key priorities affecting them.
- Increased uptake of Caldicott training and information management training should be encouraged.
- An appropriate mechanism for transportation of medical records between sites needs to be established to avoid staff vehicle use.
- The trust should continue to widen access and uptake of IM&T and promote the use of the intranet and widen access to the internet.
- The trust should consider ways in which IM&T could be used to inform service users and carers.
What is the trust's strategic capacity for improvement?

This section describes the ability within the trust to monitor and improve the quality of patient care.

**What is CHI's main assessment?**
The trust has effective leadership in place to support the implementation and development of clinical governance. There is a strong commitment provided by the non executive team. The trust is effective in managing change. There are robust systems of performance management in place, and information is generated to support decision making.

**What are CHI's key findings?**
The trust has a reputation for having effective leaders who contribute to influential strategic initiatives in Wales. Clinical leadership development is given high priority to support service improvement. The trust has successfully recruited and retained staff with good leadership skills across most of its areas of activity. Where services are undergoing major change with some uncertainty of timescales, such as mental health, a stronger leadership response should be evident.

The board has ownership of the clinical governance agenda, setting direction and monitoring. Clear structures and lines of accountability exist to support clinical governance. Directorates are performance managed on progress and have clinical governance leads. An overarching strategic direction linking various strategies together should be considered to assist staff in linking and integrating the clinical governance components.

Factors impacting on the trust include the needs of an ageing population, increasing demand resulting from substance misuse problems, targets to improve access for treatment and the provision of adolescent mental health services. This is against a background of working time directives and staff shortage in some critical clinical areas.

The trust is proactive in identifying the external issues that will influence its strategic direction. These are assimilated into the business plan. The responsibility for integrated services is considered an advantage in taking opportunities to explore different service delivery models. There is a continuing need to question traditional ways of working, and the trust is addressing this in the forensic mental health and community services. The trust uses its expertise in project management challenges, which are presented by the development of major capital projects, closures and reconfiguration of services.

The trust is a strong player in the health and wider community. It has an identified picture of the demands on its services and has experienced the transition to commissioning through the new local health boards with which it is negotiating investment and priorities. New joint planning structures, which include other organisations and especially social services, are now in a state of readiness to share the issues that have to be addressed and look at options of new ways of working and delivering services.

The trust has been receptive to developing effective partnership mechanisms with patient groups. Engaging the broader public is seen as more challenging.

The structures to ensure that the views of diverse groups are captured are still being developed, as is diversity training. There is a framework for promoting racial equality, although operational staff do not know this.
Further information

The CHI clinical governance review took place between October 2003 and March 2004. This report sets out the main findings and areas for action from the review. The trust has been given a detailed summary of the evidence on which these findings are based.

The trust will produce an action plan that will be available from:

Bro Morgannwg NHS Trust
Trust Headquarters
71 Quarella Road
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CF31 1YE
www.bromor-tr.wales.nhs.uk
or from the CHI website.

The trust’s implementation of the action plan will be monitored.

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Further details of CHI’s work are available from:
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CHI should like to make clear that responsibility for the content of the report and its conclusions is CHI's alone.