Inspection Report of
North Glamorgan NHS Trust
Summary Report

September 2006
Disclaimer:
Plain English Campaign’s Crystal Mark does not apply to the recommendations in this report as they are taken directly from the full inspection Report of North Glamorgan NHS Trust, September 2006. This summary report has been produced alongside the full report.
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Introduction

This was the first inspection of North Glamorgan NHS Trust that we, Healthcare Inspectorate Wales (HIW), carried out. You can find more information about our work in appendix 1 of this report. The inspection was part of the 2005-2006 programme of inspections of Local Health Boards (LHBs) and National Health Service (NHS) Trusts in Wales.

The inspection began on 19 September 2005. We collected and looked at information from documents, patients’ views, interviews with staff, and observations from different areas within the hospitals, up to January 2006.

The North Glamorgan NHS Trust was set up on 1 April 1996. It provides hospital and community-based care and treatment for patients in the Merthyr, Cynon and upper Rhymney valleys.

The trust’s income in 2004-2005 was roughly £120 million. Services are provided from four hospitals, five health centres and 17 community clinics and the trust employs around 3,500 staff.

North Glamorgan NHS Trust provides care and treatment for roughly 150,000 people. Ethnic-minority groups make up less than 1% of this total. The ages of the population of North Glamorgan are shown below:

<table>
<thead>
<tr>
<th>Age</th>
<th>Merthyr Tydfil</th>
<th>Rhymney Valley</th>
<th>Cynon Valley</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>25.72%</td>
<td>26.33%</td>
<td>28.00%</td>
<td>24.05%</td>
</tr>
<tr>
<td>19-64</td>
<td>58.12%</td>
<td>58.34%</td>
<td>55.64%</td>
<td>58.56%</td>
</tr>
<tr>
<td>65 and over</td>
<td>16.16%</td>
<td>15.33%</td>
<td>16.36%</td>
<td>17.39%</td>
</tr>
</tbody>
</table>

This population has many social problems. The Merthyr, Cynon and North Rhymney Valleys have the worst physical and mental health in Wales. The 2001 Census shows that the population of children is falling, and the number of people aged 80 and over has increased by 10%. This has resulted in a greater percentage of elderly people living in the area compared with other areas in Wales. 48.4% of the population are male and 51.6% are female. Life expectancy (how long a person is expected to live) in the area is much lower than the average for the whole of Wales, particularly for women.
What the inspection covers

The quality of health care offered within an organisation is referred to as ‘clinical governance’. The Welsh Office document, ‘Quality Care and Clinical Excellence’ (1999), defines clinical governance as:

“A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.”

Put simply, it is about making sure that the health service gives patients high-quality care.

The inspection studied the following six areas of clinical governance.

• The patients’ experience
• Patient and public involvement
• Using information
• Processes for improving quality
• Staff focus
• Leadership strategy and planning.

Examples of good-practice schemes and developments are outlined in the report, which also identifies areas where the trust could improve. These areas form the basis for our recommendations for the trust to take forward. We have made 20 main recommendations across the six areas, which are included in the report.

You can get a full report from

www.hiw.org.uk or by phoning 029 2092 8850.
1 What we found overall

The trust has in place good arrangements for clinical governance across the organisation. It is owned by the directorates, who address issues locally and have a say in the overall clinical-governance issues in the trust. However, North Glamorgan NHS Trust has seen a number of changes in leadership in certain roles (for example, Chief Executive and Finance Director) in the last few years, and some staff believe this has caused a lack of direction in the organisation.

During the inspection, HIW identified a number of examples of good practice, which have been highlighted in the report. Specific examples recognised by other organisations include the following.

- The Community Health Council (CHC) assessment (October 2005) praised the trust for its overall cleanliness and the support staff’s friendly, caring approach.
- The Audit Commission in Wales (ACiW) annual audit letter (December 2004) recognised the trust’s commitment to information management and technology (IM&T) by continually improving its performance, working in partnerships and involving the public and community development.
- A positive Health & Safety Executive (HSE) inspection in December 2004.
- The Welsh Risk Pool Assessment Report for 2004-2005 highlighted many examples of good practice. Details of these are included in the full report.
- The trust is a winner of the Remploy National Leading the Way Award for supporting people with disabilities.
- The trust’s catering team won the gold award for hygiene issued by Merthyr Tydfil Borough Council.
2 The patients’ experience

From a patient’s point of view, the trust has identified a number of concerns with the buildings it uses to deliver care to patients and in some places they are not suitable for health care. The Mental Health Act Commission and Community Health Council have recommended that the trust improve the patient care in these buildings, and they have already carried out a number of improvements. Major changes to the trust’s buildings have been delayed because the ways in which health-care services will be delivered to the local population in the future are still being considered. These major changes may be the result of possible changes to health-care services, as part of the Regional Clinical Services Strategy for South East Wales, as a response to ‘Designed for Life’, the Welsh Assembly Government’s strategy for health-care services in Wales.

Recommendation 1

The Trust needs to ensure, even though the reconfiguration project will possibly change services, that estate and environmental issues that effect immediate patient care are addressed.

The trust is gathering information about patients’ experience in a number of ways, and has strengthened its management arrangements by, for example, introducing a patient experience manager to help with this process. The trust has good working relationships with the Community Health Council, Pontypridd and Rhondda NHS Trust, Merthyr LHB, Rhondda Cynon Taff LHB and Caerphilly LHB about patient-care issues and keeps in contact with these organisations.

The trust’s website has information for patients in both Welsh and English, in line with the Welsh Language Scheme, but most information leaflets for patients are only available in English. Signs and directions throughout the trust are written in both languages. The quality of catering in the trust appears to be good, with the trust holding a gold award for hygiene from December 2004. The trust’s arrangements for controlling infections were satisfactory.

Recommendation 2

Information leaflets for patients should be available in bilingual format.

The trust encourages patients and carers to be involved in their care. There are limited facilities available for patients with eyesight or hearing problems. The Community Health Council visit in October 2005 identified many areas of good practice (such as the support staff’s dedication to their work), but also highlighted issues that needed to be addressed, such as the problems at Aberdare and Prince Charles Hospital with access for wheelchair users. However, the trust is addressing many of these issues.
**Recommendation 3**

While refurbishment work is taking place the Trust should ensure that temporary accommodation for departments is suitable and that signage for patients is clear.

**Recommendation 4**

Facilities for patients with sensory impairment should be improved.
3 Patient and public involvement (PPI)

The trust is aware of what patients think of its services through various groups, workshops and forums (such as the Patient Involvement Liaison Group (PILG) and a junior Community Health Council) and by inviting suggestions from patients and the public (for example, through patient surveys). The PILG is a well-established group which allows local communities within North Rhymney, Merthyr and Cynon Valleys to consult with the trust. There have been concerns raised about the future of the PILG and that it should plan ahead rather than reacting to issues as they happen. There is also a Partnership Board, which allows representatives from the PILG to consult with trust board members, but this group is being reviewed by the Interim Chief Executive.

Recommendation 5

The Trust should ensure that the PILG continues to be engaged with the Trust and able to contribute fully to its plans and patient services.

Concerns that are raised by patients and the public are addressed, and a number of these are presented to the Clinical and Risk Governance Committee.

The trust does not currently have a training and education strategy. It is planning to develop its training and education strategy in line with the All Wales Human Resources Strategy, which is due to be issued in May 2006. Training and development needs are identified through an on-line training database, and a training programme for PPI needs to be developed.

Recommendation 6

The Trust should ensure that it has a training and education strategy in place as soon as is practical.

Recommendation 7

Patient and Public Involvement training for key staff in the organisation needs to be put in place.
4 Using information

The trust uses a variety of information, including information from complaints and incidents, to improve patient care. Directorates have access to up-to-date information about quality which is shared across the organisation.

The computer systems the trust use are mainly for administration purposes, such as booking appointments, rather than for clinically managing patients. The trust has improved the patient information management system. This means that professionals in many parts of the trust hold bits of information but none have access to the whole patient record.

**Recommendation 8**

The Trust should continue to work towards the integration of clinical systems to ensure that professionals have all relevant information about the patient.

The trust checks its staff levels and the effect they have on providing services to patients. The trust has generally made good progress with recruiting staff in all departments, but accepts that there are difficulties with recruiting consultants in certain areas (for example, cardiology, histopathology and orthopaedics). The trust is doing what it can to recruit staff. It has also developed clinical networks, where staff (mainly consultants) are shared between one or more trusts to make sure services are available to patients.

A wide range of information is made available to the trust board. The evidence we have from our inspection suggests that much of the information provided to the board is simply noted in the minutes of the trust board meeting. It is not clear how often any action or changes result from the board’s assessment of the information.

**Recommendation 9**

Trust Board meeting minutes should fully detail discussions, agreements and actions taken.

A number of methods are used to pass on information to staff, including staff briefings, newsletters, noticeboards, e-mail and the trust’s intranet site. The trust appears to maintain regular communication with stakeholders (people and organisations that are affected by, or have an interest in, the services the trust offers, for example, patients and voluntary organisations).
Information management and technology is important in the trust and improvements have been made to various IT systems. The trust treats keeping information secure as a high priority. During our inspection, we recognised that the trust maintained confidentiality, although there were some concerns about the lack of privacy and how patients’ records are stored.

**Recommendation 10**

Confidentiality of patient notes should be assured across the whole organisation.
5  Processes for improving quality

The trust has arrangements for managing risk effectively. The Clinical and Risk Governance Committee, which is a subcommittee of the trust board, is the main group for managing risk in the trust.

The consent policy and procedure sets out the trust’s process for getting consent (permission) from patients. The trust checked the effectiveness of the policy in June 2004 to see if the policy was being followed and found that 98% of patient notes included a consent form, but recognised that certain staff need proper training in getting consent.

Recommendation 11

The Trust should ensure that all staff who take part in the consent process receive formal training.

Health-care professionals use clinical audits to assess and measure how far they are meeting standards and how successful their treatments are. There is a full audit programme, and a number of changes have been made as a result of these audits.

Recommendation 12

Audits should be fully multi-disciplinary where appropriate.

Staff are reporting incidents which happen in the hospital or community health services which might have caused harm. There has been an increase in the number of incidents reported. It is likely that the increase is due to the training staff have received to encourage them to report incidents.

The trust records complaints patients and carers make about the care they have received. The trust should reply to the person who complains within 20 days of receiving a complaint (from July to September 2005, the trust replied to 52% of complaints within 20 days). More work needs to be done to improve this. The trust has shown that it learns lessons from complaints and has put action plans in place to make sure changes are made.

Recommendation 13

The Trust should review the complaints process to reduce the time it takes to respond to complainants and improve its 20 day response time.
6 Staff focus

The trust has processes in place to allow staff to have an appraisal. An appraisal is an assessment of an employee's performance to see if they meet the standards or aims expected of them in their job. It also allows the trust to identify who needs training and gives staff the opportunity to give feedback to their line manager. Not all staff have had the opportunity to have a yearly appraisal but this is being addressed by the trust.

**Recommendation 14**

The Trust should ensure that all staff have received an appraisal.

The trust has advertised for someone to promote equality in the workplace and the trust. The trust won Remploy’s ‘Leading the Way’ award for improving job opportunities for disabled people.

The trust communicates with its staff in a number of ways, including staff briefings, e-mail, the intranet site and information attached to payslips. Some staff have said that some directors are not seen often enough around the organisation.

**Recommendation 15**

Directors in the Trust should become more visible in the organisation and ensure regular visits to all areas.

Areas of the trust have had difficulties with job vacancies. It is generally difficult to recruit consultants in certain areas (for example, cardiology, histopathology and orthopaedics). Nursing staff have been recruited from abroad and the nurse bank (staff who are employed by an NHS trust and who are used to cover staff absences) has been developed to improve the nurse staffing situation.

Training for staff is checked through a computer system. Some training has been poorly attended because staff have not been released from the wards to go to training, so this needs to be addressed.

**Recommendation 16**

All staff should attend mandatory training, including induction and the Trust should review systems to ensure that staff can be released.

The trust checks various staff indicators, such as the turnover rates for staff (the rates at which employees leave the trust and are replaced). In 2004-2005, the trust showed a slight improvement in keeping its workforce. Sickness levels and how these are managed are also closely monitored. The sickness rate for 2004-2005 was slightly higher than the previous year.
7 Leadership strategy and planning

The people responsible for clinical governance in the trust are fully aware of their duties. There have been changes in leadership in the trust in certain roles (for example, Chief Executive and Finance Director) and this may have had an effect on communication in the trust and how clearly the executive directors’ roles are set out.

**Recommendation 17**

The Trust should ensure that leadership at Executive Director level of the organisation is not compromised by the interim Chief Executive arrangements that exist and that any interim arrangements have the full endorsement of Trust Board.

**Recommendation 18**

Changes in the roles and responsibilities of Executive Directors need to be formally agreed and communicated to all staff.

The trust also has a number of arrangements with neighbouring trusts to work together to provide services to patients and a draft clinical network agreement is being developed between North Glamorgan NHS Trust and Pontypridd and Rhondda NHS to make sure suitable clinical governance arrangements are in place. The trust should have similar agreements in place with other organisations.

There are some examples of how leaders are developed in the trust but there are no formal arrangements in place, so this should be addressed.

**Recommendation 19**

The review of the Board processes to improve efficiency and ensure adequate governance should be completed and the Trust needs to ensure that this still includes the local communities.

**Recommendation 20**

The Trust should have structured processes to develop its leaders.
About us

We, the Healthcare Inspectorate Wales (HIW), were set up on 1 April 2004 by the National Assembly for Wales to deal with the Assembly’s responsibilities set out in the Health and Social Care (Community Health and Standards) Act 2003.

Our main responsibility is to review and investigate NHS-funded care to provide independent assurance about the quality and support and safety of Welsh NHS-funded care and its continued improvement. In doing so, we must consider:

- the availability of and access to health care;
- the quality and effectiveness of health care;
- the management of health care;
- the information provided to the public and patients about health care; and
- the rights and welfare of children.

The frameworks of clinical governance and health care standards set by the Welsh Assembly Government are central to the way in which we assess Welsh NHS organisations and Welsh NHS-funded care.

We are committed to:

- strengthening the voice of patients and the public in the way health services are reviewed;
- working with others to improve services across sectors and agencies;
- working with other regulators and inspectorates to make sure that the public, NHS organisations and the Assembly receive useful, accessible and relevant information about the quality and safety of Welsh NHS-funded care; and
- developing more effective and co-ordinated approaches to reviewing and regulating the NHS in Wales.

On 1 April 2006, the responsibility for regulating independent health care transferred to us from the Care Standards Inspectorate for Wales, under the Care Standards Act 2000. Independent health-care settings include acute hospitals, mental-health establishments, dental anaesthesia settings, hospices, private medical practices, and clinics where prescribed techniques include class 3b and 4 lasers.

Also, on 1 April 2006, we became responsible for supervising midwives and entered into an agreement with the Nursing and Midwifery Council (NMC) to monitor higher-education institutions in Wales which offer approved NMC programmes.
Appreciation

We would like to thank the trust board and, in particular, Paul Hollard, Interim Chief Executive of North Glamorgan NHS Trust for their co-operation. We would also like to thank Robert Williams, Assistant Director of Clinical and Risk Governance and his team for their help in carrying out the review and all of the staff of North Glamorgan NHS Trust.

We would like to thank the team of independent inspectors we used, who were:

Peter Goddard
Sarah Byrom
Linda Pepper
Dayne Netto
David Furze
Dr Ian Fletcher
Mr Andrew Brown

Healthcare Inspectorate Wales inspection team

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Marina Peters
Paula Manship-Jones