

Component/ Chapter	Recommendation	Action points	Target date for completion	Analysis
General Clinical Management	1. 'Too much depends on individuals rather than systems and processes. In order to respond to challenges and pressures and continuously develop, clinical governance needs to become more firmly embedded throughout the organisation. This will lead to sustainability and more continuous improvement'	Establish a working group with wide representation. Form CG groups in all directorates. Promote awareness. Establish the mechanics of annual CG targets and reporting methods	Dec 2002	<p>This is being considered together with Recommendation 3</p> <p>The Trust has made significant progress in establishing sound clinical governance structures at both Trust-wide and Directorate level which enable the collection, consideration and sharing of information.</p> <p>The Trust has a Clinical Governance Development Plan which is revised annually and the Balanced Scorecard is used to monitor progress against this plan. The Scorecard is supported by detailed systems which allow for the appraisal and audit of individual measures in terms of quality and effectiveness as well as general progress.</p>
General Clinical Management	2. 'The trust should reconsider [their] approach to directorate management, and should seek to accommodate clinical directors who wish to have time dedicated to directorate management issues. The trust should ensure that all clinical directors receive training for their role'	Establish working group. Review existing directorate structures. Examine other models in Welsh Trusts. Review job plans of all CD's, with reference to dedicated time and training issues	March 2003	<p>Although there is evidence that some Clinical Directors have dedicated time to undertake their management role the Trust should ensure that the availability of this time is made explicit within Clinical Directors' job descriptions. There is a good range of training available to Clinical Directors, including events involving other Trusts.</p> <p>The establishment of the Directorate Managers Forum was seen as positive</p>

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				in facilitating and promoting cross Directorate working.
General Clinical Management	3. 'Clinical directors should have a clinical governance improvement plan that would include both internal quality indicators e.g. hospital acquired bacteraemia, surgical site wound infection, bed sores, returns to theatre, drug errors etc and externally set indicators. There should be a structure for appraisal and audit to demonstrate improvement and a system to ensure consistency in reporting. The directorate clinical governance teams may benefit from extra support and the trust should review this'	Establish working group of CD's. Consider each element of CG directorate activity. Define the mechanisms for target setting and monitoring. Review directorate support available. Plan relationships with corporate CG departments	Dec 2002	See progress against recommendation 1.
General Clinical Management	4. 'The trust needs to urgently encourage and develop cross directorate and between team working to enhance patient care'	Progress goal of 'Best Management Practice via Focus on Healthcare'. Establish a MDT working group. Review current practices. Benchmark against other Trusts. Devise local protocol	Sept 2002	In general there is good team work across directorates. We were told by some staff on general wards at Dewi Sant Hospital that they felt there was a lack of support on occasions from the Mental Health Directorate with regards to advice and support with dealing with elderly patients who appeared to be confused or might be suffering from dementia. As the focus of this review was narrowly defined we did not have the opportunity to evaluate this issue in depth. The Trust should examine the situation further and take any

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				<p>necessary action</p> <p>Team work is encouraged by a system of rotating staff of all levels between wards and/or sites and this should be commended.</p>
General Clinical Management	5. 'The trust needs to act urgently to ensure compliance with the new deal for doctors'	Review with all Directorates current position. Consider all possible solutions. Examine all resource and service implications. Recommend to Trust Board the way ahead	March 2003	The Trust has robust systems in place to monitor closely compliance with the New Deal for Doctors and the European Working Time Directive.
General Clinical Management	6. 'Some aspects of the management of specialist nurses needs improving. These include grading, developing and supporting them, extending their role and evaluating their impact. A regular trust wide forum for meeting and discussing issues of joint interest should be re-introduced and the specialist nurses should be actively encouraged to attend'	Establish a small working group. Review current management arrangements of specialist nurses. Analyse development and training needs. Develop a Trust wide forum for specialist nurses	Nov 2002	<p>The Trust has made good progress in this area. There are a number of nurse practitioners in post who run clinics as well as sharing their expertise with other staff. They are supported by nurse practitioner and specialist clinical nurse forums, which enable peers to meet and share learning from activities such as audit.</p> <p>A range of development opportunities are also provided such as clinical leadership courses and involvement in local and national networks.</p>
Therapy Staffing Review	7. 'Urgent action is needed to ensure that an ongoing review of therapy staffing levels to support the spectrum of care required.'	Review all therapy staff establishments. Benchmark against national recommendations. Analyse local requirements. Consider recruitment issues. Make	Sept 2002	<p>Recommendations 7 and 8 are considered together</p> <p>Therapy Services sit within the Support Services Directorate and report into the</p>

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		appropriate recommendations		appropriate clinical governance and management structures. There is plenty of evidence that therapies staff are appropriately involved in multi-disciplinary services, for example the Rhondda Diabetic Annual Review Service (Dares) for which the Trust should be commended. Involvement of Allied Health Professionals in service planning and development has improved since the CHI review, although the Trust needs to ensure this involvement is consistent across all service areas. There is a need to consider the contribution AHPs can make in providing alternative models of care.
General Clinical Management	8. 'The trust should review the position of therapy staff within the hospital structure. Much more encouragement is needed for working across and between directorates and the corporate level'	Promote across directorate working for therapy staff. Identify links with service development. Consider training requirements	May 2003	Allied Health Professionals in service planning and development has improved since the CHI review, although the Trust needs to ensure this involvement is consistent across all service areas. There is a need to consider the contribution AHPs can make in providing alternative models of care. Notable progress in staffing levels has been made since the CHI report and the subsequent Trust review of Therapy Services. However there are still shortages of some professions, for example Speech and Language Therapy input in stroke care. There were concerns that these shortages may result in delayed transfers of care.
Policies, Protocols, Guidelines And Standards	9. 'There needs to be better integration of agreed protocols between the minor casualty and accident and emergency department to ensure that the operations of two units complement	Small working group to review current protocols for both A&E departments. Recommend and action agreed protocols	June 2002	The Minor Casualty Unit at Llwynypia Hospital has now become a Minor Injuries Unit open 9am – 5pm seven days a week. It no longer receives ambulance cases, this change was made following clinical concerns and

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	each other'			<p>risk assessment. We are satisfied that suitable arrangements are in place to transfer any seriously injured patients who may walk into the Unit to the A&E Department at the Royal Glamorgan Hospital. This situation is being kept under review in light of the Welsh Assembly Government's proposed Emergency Care Strategy and the opportunities available at the new Ysbyty Cwm Rhondda, currently under construction.</p> <p>In general the A&E Department at the Royal Glamorgan Hospital and the Minor Injuries Unit at Llwynypia Hospital work as one department, with shared treatment protocols and audit programme. Nursing staff rotate between the two sites, with more senior staff joining in this practice recently.</p>
Policies, Protocols, Guidelines And Standards	10. 'Consideration should be given to checking that the transfer of patients is appropriate to their clinical needs. Staff at the receiving units should be appropriately trained to look after all patients transferred to their care'	Check current protocols for patient transfer, and amend as necessary. Devise training schedules for all staff in receiving units as required	Jan 2003	In general there has been good progress in this area. Protocols for patient transfer have been revised. Discharge planning and bed management staff sit in the same unit within the Trust and staff rotate between the two areas, ensuring they have a wide range of skills and understand the inter-relationship between the two activities. The quality of discharge is monitored and following

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				<p>reports of inappropriate discharges, ward practices are examined and action plans drawn up where necessary. When a patient with a less usual care need is due to be transferred to a community hospital the Trust ensures training to meet this need is made available to the staff who will be caring for the patient before the transfer is undertaken.</p> <p>In Recommendation 4 we mentioned comments regarding support for staff dealing with confused elderly patients. Staff should be commended for being proactive in arranging additional training for dealing with dementia and challenging behaviour in the elderly.</p>
Policies, Protocols, Guidelines And Standards	11. 'Action is needed to ensure the trust complies with accepted and statutory standards of good practice with regards to the organisation of children's care'	Study all 'good practice' documents, and ensure compliance by local unit	July 2002	<p>The Trust is currently developing a policy relating to the care of paediatric patients when being treated on adult wards. There was a specific issue raised in the CHI report regarding the use of the adult dental ward for child day cases. There is now a paediatric nurse and a play specialist on the ward to ensure appropriate care.</p> <p>The implementation of the Children's National Service Framework and other recommendations relevant to the care of children such as the Laming and Carlile reports is monitored through</p>

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				specific Balanced Scorecards which feed into the Women and Children's Directorate's Balanced Scorecard.
Policies, Protocols, Guidelines And Standards	12. 'Action is needed to ensure that all appropriate patients are referred to the stroke team'	Review current protocols and adapt to ensure appropriate clinical management plans are given to each stroke patient	Sept 2002	The Trust has introduced an acute medical clerking document, which standardises the medical assessment of patients admitted to emergency medicine. This includes a section for stroke patients. The use of this document is regularly audited. An integrated care pathway for stroke care is due to be introduced in January 2007. Acute inpatients are either assigned to the Stroke Consultant or to other consultants with support from a stroke clinical nurse specialist. Those requiring further on going care following their acute phase transfer to the stroke neurological ward at Llwynypia Hospital, which has opened since the CHI review
Policies, Protocols, Guidelines And Standards	13. 'The trust should ensure that there is a written policy that children should always be accompanied by a parent, carer or appropriate member of staff when being transported and that all staff are aware of the policy'	Review National guidance and develop a local policy. Provide awareness raising sessions for all appropriate staff	June 2002	The Trust has made good progress in the area. There is a written policy covering the transportation of children in place, which was recently revised in light of a reported incident.

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Policies, Protocols, Guidelines And Standards	14. 'Urgent action is needed to ensure that staff are aware of and use the agreed system to identify, ratify, register and distribute guidelines. The trust needs to ensure that guidelines and care pathways are only introduced into practice after going through the appropriate channels within the trust'	Establish a working group to undertake a baseline assessment. Establish a process for identification, ratification, distribution and review. Action to ensure staff awareness	Dec 2002	Staff are aware of the policy and procedures for producing, approving and distributing policies, guidelines, care pathways etc. Integrated care pathways go through a sound development process before their implementation, which includes ensuring audit tools and plans are in place to evaluate their effectiveness.
Risk Management	15. 'It is very important that appropriate ongoing risk assessments are carried out to minimise hazards to patients and the Trust should ensure these are done' Resources and Processes 'A risk profiling exercise should occur on an annual basis in each directorate or as a rolling programme. Strategic direction is needed for a co-ordinated risk reduction strategy and a risk register should be introduced' Note: these two action have to be considered together for risk assessments feed into the risk register and inform the risk profile	Establish a Working Group to: Agree a Trust wide process. Develop programme. Provide training and facilitation. Structured implementation. Link into Welsh Risk Management Standards	Oct 2002	The Trust has made good progress in this area. The Trust has a Risk Management Strategy, reviewed annually, and there are risk registers in place at Directorate and Trust levels. There are structures in place to review these regularly and issues are reported up to the Board via the appropriate committees. Risk training is in place within the Trust. The electronic balanced scorecard has a strong risk emphasis and it cannot be completed without filling in a risk assessment for each constituent section.

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Risk Management	16. 'Action is needed to ensure that the new integrated database facilitates learning from all types of complaints'	Agree and implement procedure for return of informal complaints form. Input into DATIX system. Develop reporting system	Sept 2002	There are structures in place for the sharing of learning from complaints across Directorates and for auditing the implementation of any action points identified as a consequence of the complaint.
Risk Management	17. 'The trust should, through greater publicity, increase the profile of the right of patients to comment and complain and the process for doing so'	Review content of complaints leaflet and poster and re-issue. Ensure Patient Information Booklets contain all necessary information. Include within Induction Training Programme	July 2002	<p>The Trust has appointed a Patient Support Officer whose role it is to provide information and support when patients have queries or complaints. This role works effectively within the Royal Glamorgan Hospital, however the HIW team were told of issues regarding the visibility of this role on other sites.</p> <p>In general there was adequate promotion of the comments and complaints process, although there was a lack of information about the complaints process available in the A&E Department and Minor Injury Unit. There also seemed to be a focus here on filling in forms on the patient's behalf at the time rather than giving them the opportunity to reflect on their experience and make a complaint after the event, should they wish to do so, with the support of the Patient Support Service.</p> <p>There is a general patient information booklet which has been drawn up with</p>

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				the assistance of a reading group of members of the Patients Forum, which is to be commended.
Risk Management	18. 'The trust should develop consistent methods of identifying patients on the wards to ensure care is not compromised whilst maintaining confidentiality'	To conclude the approaches piloted by Directorates. Undertake risk assessment of pilots. Agree a corporate approach	Aug 2002	All wards visited that had whiteboards visible in public areas used a consistent system that ensured patients could be identified by staff but information regarding their care and treatment was kept confidential.
Risk Management	19. 'The trust needs to provide leadership in infection control with a strategy for tackling hospital acquired infections and with each directorate to identify indicators of performance, feeding into the clinical governance process. The reduction of infection should be part of directorates risk reduction plans' 'Action needs to be taken to ensure serious hospital acquired infections e.g. hospital acquired bacteraemia and surgical site wound infections, are put through the incident reporting system, as detailed in the incident reporting policy. The trust should study the evidence regarding the importance of hand hygiene and consider introducing alcoholic rub at every patient bedside and clinical area'	Establish a Working Group, to develop a clear 'Control of Infection' strategy supported by directorate based operational plans. Link into Infection Control Welsh Risk Management Standard. Identify Infection Control Leads at Directorate level. Ensure Infection Control Committee is well represented, inclusive and authoritative	Dec 2002	Without exception all areas visited were clean in appearance, with obvious supplies of hand washing gel and information to encourage patients and visitors to wash their hands and challenge staff regarding this issue. Despite the Trust having an effective incident reporting and monitoring system in place, incidents of serious hospital acquired infection are not recorded via this system. Infection control monitoring work is undertaken, and the Trust has appropriate reporting structures and processes in place, however the effectiveness of these processes is unclear. For example one ward sister reported that she was unable to obtain statistics regarding infection rates on her ward

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Risk Management	20. 'The trust should consider how to make the system [for recording incidents] straightforward and simple and reinforce the need to report all incidents. Action is also needed to ensure that effective training on an ongoing basis is given to all staff regarding the process'	Review the current system following 12 months operational experience. Incorporate the requirement of the NPSA following Welsh pilot	Dec 2002	<p>There were good structures for reporting and monitoring incidents, as well as for sharing both lessons learnt and good practice identified as a result of investigating incidents.</p> <p>The incident reporting policy itself seemed quite complex and better use perhaps could be made of the straightforward flowchart contained within it. That said, in general all staff knew how to report incidents and confirmed that they received immediate feedback.</p>
Risk Management	21. 'Security for staff at Dewi Sant and Llwynypia needs improvement. CHI witnessed stone throwing in the Dewi Sant car park during a night visit and staff are worried about people in the hospital grounds who should not be there'	Review current arrangements	Sept 2002	Staff did not voice concerns regarding security at sites visited, except for comments about anxious patients trying to access the GP out of hours centre at Llwynypia when no GP was present. The Trust has police support at the Royal Glamorgan Hospital, which provides advice to the other sites.
Risk Management	22. 'The Trust might wish to explore ways by which children could benefit from home cooking and/or snacks prepared by their parent or carer'	Review H&S requirements and make recommendations	June 2002	Parents and children are involved in discussions around nutrition. Eating and drinking favourite foods is a key discharge criterion. The catering department evaluates menus with patient input. There is a kitchen

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				attached to the paediatric ward where parents can prepare snacks for their children.
Risk Management	23. 'The Trust should identify separate smoking areas at all sites to ensure patients have the option of a smoke-free environment'	Review of procedures related to a smoke-free environment	Oct 2002	Designated smoking areas are identified at all Trust sites. The Trust is preparing for the new smoking legislation to be introduced in 2007 and is discussing options with its Patients' Forum.
Learning Organisation	24. 'The trust needs to interpret the culture of a learning organisation for staff and use this as a mechanism for closing the loop in all clinical governance themes'	Executive Group to agree definition, consider models for implementation, and rigorously apply to all CG activity	Sept 2002	Recommendations 24 and 25 are considered together The Trust has developed good structures in this area. Feedback from incidents, complaints etc is delivered on an individual and team basis, with use made of team meetings, handovers and other events to ensure all team members receive the feedback. There was much evidence of lessons learnt and good practice being shared across directorates. The Trust is auditing the level of learning from complaints.
Learning Organisation	25. 'The system for feedback and learning between staff needs to be common between directorates. There needs to be more understanding and direction of how learning across the trust occurs, rather than assuming or expecting it to happen'	Encourage progress for the Focus on Healthcare groups 'Learning Organisation' and 'Best Management Practice'. Link with Trust-wide Training & Education committee	Dec 2002	
Education And Training	26. 'The trust should encourage multidisciplinary education and training opportunities'	Establish a Group to identify Opportunities with Post and Undergraduate Departments and Directorates. Review Terms of Reference of Trust's Training & Education Committee	June 2002	Recommendations 26 to 30 are being considered together There are opportunities for all staff across the Trust's sites to access a wide range of training. The training available is consistent across all sites.

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Education And Training	27. `The trust says that they are addressing the problem of study leave with a new study leave policy, but it also needs to address inequitable access to resources for training and study. A more effective corporate approach based on PDP-identified needs, would be beneficial and would be more equitable. This must be combined with efforts to encourage the return of completed PDPs to the training department by the trust`	To agree Training & Education Action plan. Review Study Leave Policy. Develop action plan to maximise benefits of PDP's	June 2002 June 2002 March 2003	PDPs are in place – indeed higher levels of staff reported having a PDP to HIW than Trust performance monitoring documents suggest. This would indicate that reporting and monitoring compliance with the appraisal system is not effective. We came across a number of local databases or systems to record PDPs and/or training needs, which did not always supply the information managers needed.
Education and Training	28. `Action is needed to ensure all completed PDPs are returned to the training department`	Ensure compliance with Staff Development Policy and Consultant Appraisal Process	March 2003	There were robust systems in place to identify and monitor training needs, including mandatory training. However, there was some confusion as to how these are co-ordinated across the Trust to facilitate the identification of key corporate priorities and plans or develop a programme of in-house training courses that reflected the current needs of its staff.
Education and Training	29. `The trust should explore ways to ensure that all appropriate staff are given the opportunity to attend communications and counselling training`	Review Trust Training Plan. Directorates to assess and prioritise need	June 2002	Communication and counselling training is provided to new staff as part of the Trust's induction programme. Members of the Patients Forum are involved in delivering this module, which is to be commended. Otherwise training is provided when a need is identified, for example following a

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				complaint. One Directorate had a training exercise making use of members of the public during their business day.
Education and Training	30. 'The trust informed CHI that a system to monitor and follow up the staff that do not attend the mandatory training exists. This should be reviewed to ensure the policy is being adhered to'.	Review monitoring and follow-up process	July 2002	Staff reported having attended relevant mandatory training. Local databases were in place to identify who needed to attend courses and when. The training department warns Directorates when staff regularly do not attend mandatory courses they are booked on
Information and Information Technology	31. 'The trust should take positive steps to determine, in conjunction with clinicians, its way forward in relation to an IT strategy and communicate and disseminate this to all staff. Any IMCT strategy needs to include links with education and training'	Develop multi disciplinary IM&T Committee to devise the strategy and lead the implementation process, with explicit links to Training & Education Strategy	Sept 2002	Recommendations 31 and 32 are considered together The Trust has an IT strategy in place, but this is not linked to education and training. There is a Clinical Information Advisory Group and the Board receives a wide range of performance data to support its performance monitoring role.
Information and Information Technology	32. 'Action is needed by the trust to identify effective clinical information requirements that can be integrated with the clinical governance process. Better communication is needed to meet the clinician's needs.	Group to identify clinical requirements and to interpret CHKS data for Audit and Consultant appraisal process	Sept 2002	Staff have access to information systems such as RADIS, which enables online viewing of digital images such as X-rays from any Trust site. Myrddin, the Trust's new patient administration system has been rolled out across all sites. At the time of HIW's visit Myrddin's A&E module was being piloted at the Minor Injuries Unit at Llwynypia Hospital, whilst A&E staff

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				<p>at the Royal Glamorgan Hospital were still using an older system which could not interface with Myrddin.</p> <p>It was felt that at various levels in the Trust the good information it gathers was not being used to the best advantage. Talking to clinical and nursing staff at ward level it became clear that to them clinical data meant performance and workload information, such as access targets or bed occupancy data. There was little mention of information about patient outcomes that when analysed could be used to develop and improve care practices. In Recommendation 19 we mentioned a ward sister's lack of access to infection statistics. In addition in Recommendations 33-36 we will discuss the focus of nursing audits and sharing of results, findings which relate to comments here regarding access to and use of information.</p>
Clinical Audit/ Research & Effectiveness	33. 'The trust needs to demonstrate greater commitment to clinical audit, increase its profile and provide more training and support. This includes administration support to the audit department'	Review Clinical Audit departments and the mechanics for audit in the Trust. Analyse other models for audit. Benchmark against other Trusts. Identify training requirements and resource implications. Identify and implement method of assessment	Sept 2002	<p>Recommendations 33 – 36 are being considered together</p> <p>Audit planning structures vary from Directorate to Directorate. Audit priorities are driven from a number of sources, including national and Trust wide audits, staff's own practice, care</p>

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		and evaluation of activity to ensure coherent Trust-wide approach		pathways, incidents and complaints. Audit training is available to all staff.
Clinical Audit/ Research & Effectiveness	34. 'Facilitation and encouragement is needed for staff to undertake clinical audit as an integral part of ensuring quality of care to patients. Themes could be developed which link incidents reported into the audit of changes in practice introduced to improve performance and to learn'	Identify the methods of linking audit activity with clinical incidents and complaints	Oct 2002	<p>There is a central register of audits and core audits are administered by the Audit Department. The Trust produces an Annual Audit Annual Report</p> <p>From documentary and interview evidence it is clear that there is a great deal of clinical and nursing audits. However nursing audits seem to be detached from the main trust audit process – for example it is unclear where nurse led audits are registered and how their findings are shared amongst nursing colleagues or a wider clinical audience. There needs to be a greater integration of nurse led audits into the main Trust audit process. Nursing audits should be encouraged to examine professional practices and patient outcomes as well as documentation and the environment of care.</p>
Clinical Audit/ Research & Effectiveness	35. 'Action is needed by the trust to ensure audits are registered centrally and activities and results are monitored'	Reinforce the need for reporting by enacting accountabilities of audit leads	Oct 2002	<p>There is some research being undertaken within the Trust, including nurse led research. There is a clear process to review and approve research proposals and an Annual Report. However some staff seemed unclear as to what research was going on, even within their own Directorate.</p>
Clinical Audit/ Research & Effectiveness	36. 'The trust needs to focus internally on how research conducted at the trust supports evidence based practice, including in relation to extending the roles of nurses and AHPs'	Establish a Multi Disciplinary group to develop a clear R&D strategy which incorporates explicit links with clinical practice and organisational development. Additional resources required to facilitate training and education needs	Oct 2002	

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				There was some confusion regarding the difference between audit and research. It was unclear what the processes were for turning learning into practice, although there were some good opportunities for sharing knowledge, for example the Nurse Practitioner Forum.
Patient/Public Involvement	37. 'Co-ordinated action with local health groups and all Wales initiatives is needed to develop a clear strategy for the trust to capture the views of patients on services'	Identify the appropriate body to ensure co-ordination of activities. Identify and agree on selection of community groups to avoid public involvement overload	Sept 2002 Dec 2002	Recommendations 37 and 38 are being considered together The Trust has a PPI strategy in place and has developed its Patient Involvement Group. It has developed a number of subgroups to take forward specific tasks, for example its reader group which examines new publications aimed at patients.
Patient/Public Involvement	38. 'CHI is pleased to note that a patient involvement group has been set up. The trust should actively progress the development of the group'	Provide recommendations and produce an action plan to inform the Trust's public involvement strategy. Action Plan to be completed	June 2002	The Trust recently commissioned an evaluation of its PPI work and is acting on the recommendations.
Patient/Public Involvement	39. 'The trust needs to consider how to involve older children more in their own care and choice of treatments'	To review current arrangements and consider methods of involvement	Oct 2002	Older children have their own area within the paediatric wards. Patients and their carers are involved in drawing up their care plans.

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Patient/Public Involvement	40. 'Action is needed to ensure that the availability of welsh language versions of leaflets and information is made clear to patients and carers'	Develop processes to ensure that all new and existing leaflets and patient information is available <u>on request</u> in the Welsh language	Dec 2002	The Trust's Welsh Language Plan states that it is the Trust's policy to produce bilingual patient information publications. However, this work had been delayed by copyright problems with their updated leaflets
Patient/Public Involvement	41. 'Even though the trust catchment area has few non-english speakers, the trust should explore ways of making information on interpreter services more accessible and ensure that staff are aware of this information'	Review current information on interpreter services. Ensure access to all staff groups	Sept 2002	The Trust's HR Department keeps a list of the linguistic skills of its staff.. It is available via the main switchboard. All staff were aware of how to identify a member of staff with the skills they require.
Patient/Public Involvement	42. 'Action is needed by the trust to understand the potential of the chaplaincy team, and to facilitate the full integration of the chaplaincy into the trust's services. This should include ensuring members of the team can be contacted when on site'	Review chaplaincy role and improve contactability. Raise profile via Orientation Programme	Sept 2002	We found little information for patients describing the chaplaincy service, although staff were aware that they could be accessed through the main switchboard. Visits to the Hospital Chapel are included in the Trust's induction programme. There was some confusion as to whether chaplains referred to as "multi-faith" would support any faith or just any denomination within the Christian Church.