

Margaret Foster
Chief Executive
Pontypridd & Rhondda NHS Trust
Dewi Sant Hospital
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PONTYPRIDD
CF37 1LB

Eich cyf . Your ref
Ein cyf . Our ref

27th November 2006

Dear Margaret

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

I write further to Healthcare Inspectorate Wales' recent review of Pontypridd & Rhondda NHS Trust's progress against the action plan prepared following publication of the CHI report in March 2002.

We found that the Trust has made good progress in taking forward the recommendations made by CHI and implementing the agreed action plan. The review team considered the Trust to have given careful consideration to the recommendations made and the impact that they have on the organisation. It was clear that there has been close consultation with staff and partners to ensure that the Trust's responses were appropriate and timely. Specifically the HIW review team considered the Trust to have:

- Robust performance management arrangements in place that were applied throughout the organisation. It was felt that Trust has managed to establish a good balance between the achievement of performance targets and ensuring patients receive a high quality of care.
- Clear structures and procedures for incident reporting, feedback and sharing of lessons learned.
- Robust committee structures and procedures for Clinical Governance and Risk Management
- Good structures for the development and support of specialist nurses
- High standards of cleanliness
- Enthusiastic staff



There were particular activities that we consider worthy of note, specifically:

- The establishment of a 'reading group' as a sub group of the Trust's Patient Involvement Forum whose role it is to review the content of leaflets, posters etc in order to ensure accuracy, clarity and appropriateness.
- Rotation of staff between wards and sites to facilitate the development of multi-skilled staff and team working.
- The involvement of the Patient Involvement Forum in the delivery of the communications training module of the Trust's induction programme.
- The establishment of the Rhondda Diabetes Annual Review Service (DAReS), a one stop shop where individuals suffering from diabetes are given the opportunity of a comprehensive assessment by a Diabetes Specialist Nurse or trained Practice Nurse, Dietician and Podiatrist. Recommendations for future care are produced for both the individual and their GP.
- The proactiveness of staff in organising training to help them to deal with the challenging behaviour of some elderly patients.

Patient and public involvement was not examined in detail in the original CHI report and so was not a specific focus of this review. However during the visit it was evident that the Trust had undertaken a significant amount of work in this area which should be recognised as positive progress.

There are a few areas where progress has been slow, which the Trust now needs to address, specifically the Trust should:

- Ensure Allied Health Professionals are consistently involved in service development and planning, in such a way that the contribution they can make in providing alternative models of care is considered from the outset. The Trust should also ensure that shortages in staffing levels are addressed (CHI Recommendations 7 and 8).
- Improve systems for reporting and monitoring serious hospital acquired infections (CHI Recommendation 19).
- Develop robust systems to collate training needs and activities and develop corporate training priorities and programmes (CHI Recommendations 27 to 30).
- Make better use of the clinical information available to help improve treatment and services for patients (CHI Recommendations 31 and 32).
- Ensure administrative staff have access to reliable data from patient administration systems which support their activities (CHI Recommendations 31 and 32).
- Integrate nursing audit activities into the central audit process and encourage audit of professional practices and patient outcomes as well as documentation and the environment of care (CHI Recommendations 33 to 36).

Further details of the progress that your organisation has made against the 42 recommendations made by CHI are set out in the attached Appendix which has been drawn from your self assessment submission and the findings arising from our review of documentary evidence and the site visit that took place between 20th and 22nd of September.

If you have any queries relating to factual accuracy of this response then please would you contact Ann Bateman, Inspections Manager on 029 2092 8860 to discuss this. If we do not hear from you by 8th December 2006 we will assume you are happy with the review of progress against the CHI action plan and this letter and Appendix will be placed on the HIW website.

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

- The response will need to be approved by your Board and returned to us within 6 weeks of receipt of our letter.
- Final sign off of your Action Plan will then be agreed jointly between HIW, the Trust and Regional Office.
- The Regional Office will then monitor progress against the agreed Action Plan as part of its routine performance management arrangements.

We believe this will conclude the process, however, should any issues remain unresolved at this time we will be happy to discuss them. May I take this opportunity to thank you and all of the staff in your organisation who have contributed to this review for their hospitality and for being so helpful, it is much appreciated.

I am copying this letter to Barrie Ledbury, your Diversity, Equality & Standards Manager.

Yours sincerely

A handwritten signature in black ink that reads "A. Bateman". The signature is written in a cursive style with a small flourish at the end.

pp DR PETER HIGSON
Chief Executive