

**EVIDENCE SUMMARY – VOLUME XX****VOLUME TITLE****Name of Analyst****BASICS****DOCUMENTS**

Document No	Title

**ABBREVIATIONS**

Abbreviation	Description

**WHO'S WHO**

Title	Name	Dates

**1 TRUST CONTEXT**

## **2 MANAGEMENT OF HEALTHCARE**

### **2.1 TRUST STRATEGIC MANAGEMENT**

#### **2.1.1 Leadership**

#### **2.1.2 Accountabilities and Structures**

#### **2.1.3 Strategic Direction and Planning**

#### **2.1.4 Health Economy Partnerships**

#### **2.1.5 Patient and Public Partnerships**

### **2.2 SERVICE STRATEGIC MANAGEMENT**

#### **2.2.1 Leadership**

#### **2.2.2 Accountabilities and Structures**

#### **2.2.3 Strategic Direction and Planning**

### **2.3 CLINICAL GOVERNANCE**

#### **2.3.1 Clinical Governance Strategy**

#### **2.3.2 Trust Organisational Responsibilities for Clinical Governance**

#### **2.3.3 Ward Clinical Governance Arrangements**

#### **2.3.4 HA Role as moves to PCT**

### **3 QUALITY OF PATIENT CARE**

#### **3.1 QUALITY INDICATORS**

##### **3.1.1 Staff Attitude**

##### **3.1.2 Effectiveness and Outcomes**

##### **3.1.3 Access to Services**

##### **3.1.4 Organisation of Care**

##### **3.1.5 Humanity of Care**

##### **3.1.6 Environment**

#### **3.2 STAFFING AND ACCOUNTABILITY**

##### **3.2.1 Workforce and Service Planning**

##### **3.2.2 Medical Staffing & Accountability**

##### **3.2.3 Nursing Staffing and Accountability**

##### **3.2.4 AHP Staffing and Accountability**

##### **3.2.5 Other Staffing and Accountability arrangements**

##### **3.2.6 Out of Hours Arrangements**

##### **3.2.7 Team working**

##### **3.2.8 Recruitment and Retention**

##### **3.2.9 Schemes of Delegation**

#### **3.3 GUIDELINES, PRACTICES & PERFORMANCE MANAGEMENT**

##### **3.3.1 Patient Transfer**

##### **3.3.2 DNR**

##### **3.3.3 Palliative Care**

##### **3.3.4 Nutrition and Fluids**

##### **3.3.5 Patient Records**

##### **3.3.6 Trust Performance Management Arrangements**

### **3.3.7 Service Performance Management arrangements**

### **3.3.8 Staff performance Management arrangements**

## **3.4 MEDICINES**

### **3.4.1 Prescribing**

### **3.4.2 Administering**

### **3.4.3 Drug Review**

### **3.4.4 Drug Recording**

## **3.5 COMMUNICATION AND COLLABORATION**

### **3.5.1 Patients**

### **3.5.2 Relatives and Carers**

### **3.5.3 Primary Care**

### **3.5.4 Acute Sector**

### **3.5.5 With Health Authority**

### **3.5.6 With Haslar Hospital**

### **3.5.7 With Social Services**

### **3.5.8 With Local Nursing Homes**

## **3.6 END OF LIFE**

### **3.6.1 Arrangements for Patients**

### **3.6.2 Arrangements for relative/cares**

### **3.6.3 Arrangements to Support Staff**

### **3.6.4 Cultural, Spiritual needs**

## **3.7 SUPERVISION AND TRAINING**

### **3.7.1 Medical Supervision and Training**

### **3.7.2 Nursing Supervision and Training**

### **3.7.3 AHP Supervision and Training**

### **3.7.4 Other Staff Supervision and Training**

### **3.7.5 Induction**

### **3.7.6 Mandatory Training**

## **4 HOW LESSONS HAVE BEEN LEARNED**

### **4.1 COMPLAINTS**

#### **4.1.1 Trust Management of Complaints**

#### **4.1.2 Ward Management of Complaints**

#### **4.1.3 Trust Lessons learned**

#### **4.1.4 Ward Lessons learned**

#### **4.1.5 Complaints training**

4.1

## 5 SPECIFIC POLICIES

## **6 ANYTHING ELSE THAT DOESN'T SEEM TO FIT**

### **6.1 FIRST THING**

6.1

### **6.2 SECOND THING**

6.2