



**ANNUAL QUALITY REPORT TO
PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
(Quarter 3 2000/01)**

1. Introduction

This report has been prepared to meet the requirements of the quality section of the Service and Financial Framework 2000/01. Quality is co-ordinated as a whole across the Trust and individually within each care group; these arrangements are reflected in the formatting of this report. Emphasis this year has been on ensuring that there are reasonably robust systems Trust wide and within each individual service to ensure that the principles of quality/clinical governance are a key element of all mainstream work.

With the move towards Primary Care Trusts, increasing emphasis has been placed on enabling services to be self sufficient in their clinical governance arrangements and supporting the move of some services into the Primary Care Trust setting.

Section two of this report gives a broad overview of Trust wide work during the year. Section three contains reports from individual services.

2. Trust Wide

2.1 Risk Management

- The action plans resulting from the baseline assessments against the Organisational Controls Assurance Standards were implemented. Re-assessment showed an improvement in the scores of all 18 standards. A key area of work has been the new Instrument Decontamination Standard.
- The Trust was externally assessed against the Organisational Controls Standard for Risk Management, achieving a score of 98%.
- In accordance with the Organisational Control requirement, a risk register has been established. This will allow collation of information from risk assessments, complaints, and risk and critical incidents etc.; i.e. information from any area where a risk is identified.
- The Trust was successful in re-assessment against the CNST level one requirements. Given the short life span of the Trust, we will not be pursuing assessment at level two, but we will continue to work towards achievement of key standards such as induction of medical staff and consent to treatment.

- The risk event reporting policy was revised and training sessions provided.
- Risk assessment training has been provided to all nominated risk assessors
- Automated defibrillators have been introduced into St James Hospital and all small Hospitals. The CPR training was amended accordingly.
- A Trust wide Infection Control Committee was established, with a view to closer monitoring of infection control issues.

2.2 Clinical Governance Arrangements

- The Clinical Governance Panel continues to oversee the Trust wide clinical governance work, reviewing risk/critical events/complaints, the annual clinical audit programme and achievement against high level performance indicators etc.
- The Clinical Governance Reference Group concluded its work on implementing clinical governance within each service and moved on to supporting clinical governance in everyday working by developing a Team Performance review Tool, and by reflecting on loop closing problems and mechanisms.
- Most services now have an established clinical governance forum, and governance arrangements and clinical performance are monitored via the quarter divisional review meetings.
- A Clinical Audit Framework was developed and implemented, clarifying roles and responsibilities with regard to identification and prioritisation of audit topics and checking the completion of audit action plans.

2.3 User/carer Initiatives

- The launch of the Diversity Matters, in May, was attended by 140 staff, mostly service, team and departmental managers. Leaflets and posters were distributed.
- Four half day sessions in June offered 80 members of staff the chance to explore disability awareness issues.
- A Diversity Awareness week at the end of October saw the launch of revised leaflets and posters, offered more staff the opportunity to explore the Diversity Matters concept, and 16 sites across the district held an individually designed public poster display.
- A User Involvement Framework has been developed, reflecting the user perspectives within the NHS Plan. This framework is being trialed in a number of services and will be rolled out across the Trust.

3. **Individual Service Reports**

Attached:

Adult Mental Health
Children's Services
Community Dental Service
Community Hospitals
District Nursing
Elderly Mental Health
Family Planning
Learning Disabilities
Medicine for Eldery People
Occupational Therapy
Physiotherapy
Podiatry
Specialist Palliative Care
Speech and Language Therapy

COMMUNITY HOSPITALS THIRD QUARTER QUALITY REPORT

JANUARY 2001

Compiled by the Community Hospitals Service Lead Group 26th Jan. 01.

	ACTIONS	OUTCOMES	2001/02 PLANS
<p>COMPLAINTS</p> <ul style="list-style-type: none"> • A review of five complaints in F&G was undertaken and three themes were identified. Eating and drinking, Communications with relatives and attitudes of staff. • A review of management of a recent police investigation revealed areas for development for the organisation. 	<p>Meeting arranged with consultant and nursing staff to identify actions to address these areas.</p> <p>An action plan to deal with the results of the CPS review. A procedure to be developed to ensure lines of communication and staff and family support are co-ordinated should there be any future investigation of this nature.</p>	<p>Opportunity to look in depth at the themes and action plan from this.</p> <p>Clarity re processes and procedures to support staff and their families</p>	<p>Share results of workshop and subsequent work in community hospitals clinical network meeting.</p> <p>These action plans and procedures to be shared with participating staff.</p>
<p>RISK</p> <p>Work continues in relation to falls. A multi disciplinary working group is meeting across community hospitals.</p>	<p>A review of the times of falls has been undertaken and information shared with clinical managers. In addition an assessment tool has been developed based on current</p>	<p>Staff awareness raised and training undertaken in relation to BP measurement, falls prevention and assessment of potential to fall.</p>	<p>This work will continue to feed into the community hospitals clinical network group</p>

	evidence and training undertaken with staff.		
CLINICAL EFFECTIVENESS			
Training and development in relation to intermediate care has been high on the agenda this year	A training group was established to take this work forward ensuring training inputs were evidence based and appropriately managed.	Alert training for trainers is complete and will be rolled out to relevant staff during Feb and Mar. Training in the use of AED's is also complete and systems for use in place in all community hospitals.	The group will continue reporting to the community hospitals clinical network group. Further work to be undertaken to establish the competencies required on an ongoing basis and to determine quantity etc.
USER/CARER INITIATIVES	The Outpatient forum is currently working on a survey	The main aims of the forum is to achieve uniformity, support for each other and share good practice	The main focus for the year is to make booking systems more patient centred and accessible.
PATIENTS CHARTER	Many areas have been upgraded in year. Ward budget allocation have allowed clinical managers and staff to purchase additional equipment	Environmental improvements Improvements to the quality of equipment.	Further work will be undertaken as part of the 'cleanliness in hospital' initiative.
DIVERSITY MATTERS	Equal opportunities workshops held	Raised staff awareness	
STATUTORY/ LEGAL			
The Oak ward lift (Briarwood St Christophers) has continued to be a source of concern in relation to health and safety	All options for replacement have been considered. Estates support to episodes of malfunction are now speedy. The lift is checked by the maintenance company with increased frequency	There continue to be concerns in particular related to the door mechanism.	Work commissioned to take place Mar 01 re the door mechanism.

CLINICAL GOVERNANCE APPROACH	The community hospital service lead group held an away day in Nov to determine the way forward after the 1st Apr. 2001	It was agreed that there need to be continued cross fertilisation across community hospitals in the transitional year at least. A set of standards was agreed in terms of clinical governance issues and these will be coordinated by the clinical network group. Standards attached.	Share clinical governance standards with PCG/t's. Organise clinical network meetings 2001/2002.
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