

COMMUNITY HOSPITALS

GOVERNANCE FRAMEWORK - JANUARY 2001

Community Hospitals are locality based and serve natural communities in Fareham & Gosport and Havant & Petersfield and have historically been managed locally within a district framework. The Service is therefore well placed to join PCTs.

The district framework has provided a platform for development in relation to service planning (inclusive of other professions) training and development, practice and nursing leadership and development.

The Community Hospitals Service Lead Group has co-ordinated this framework and provided a robust mechanism for sharing ideas, managing projects, developing standards and implementing policy.

Community Hospitals have always had a strong nursing core, however the Service Lead Group has developed as a multi-disciplinary forum representative of the way in which services are integrated within community hospitals.

From 1st April 2001 the Community Hospitals in Havant & Petersfield will become part of East Hants PCT. The Service Lead Group held an away day to review the Group, determining service elements that required a continuing district wide focus in the transitional year at least.

The following represents the outcome of these discussions.

ISSUE	STANDARDS	PROCESS
<u>CLINICAL AUDIT</u>	Audits will be based on agreed criteria to include NSF priorities	The clinical network group receive and disseminate funding in addition to locality arrangements
	Action plans will be shared across the district / PCTs	
<u>EDUCATION, CPD, RESEARCH AND EFFECTIVENESS</u>		
Clinical leadership	<ul style="list-style-type: none"> • Clinical leaders will focus on clinical supervision) Clinical effectiveness) Evidence based practice) 	<ul style="list-style-type: none"> • District PDF forum • Community Hospitals clinical network group
Multi professional working	<ul style="list-style-type: none"> • Multi professional working is encouraged 	
	<ul style="list-style-type: none"> • The culture is based on performance review and personal development 	
	<ul style="list-style-type: none"> • Safe creativity and innovation 	<ul style="list-style-type: none"> • develop action learning in clinical network group
	<ul style="list-style-type: none"> • Co-ordinated commissioning of training 	

	There will be baseline competencies	Practice development facilitators group to take the lead and report via clinical network.
ISSUE	STANDARDS	PROCESS
<u>WORKFORCE</u>		
Contingency Arrangements	<ul style="list-style-type: none"> • There are mechanisms in place to provide district wide cover in emergencies 	
Recruitment	<ul style="list-style-type: none"> • Developments in workforce / planning are shared 	
	<ul style="list-style-type: none"> • Vacancies and recruitment initiatives are shared 	
<u>INFORMATION</u>		
<ul style="list-style-type: none"> • Role of Nurse 	<ul style="list-style-type: none"> • Information supports the role of nurses and therapists 	
<ul style="list-style-type: none"> • Sharing developments in clinical information to patients 	<ul style="list-style-type: none"> • Patient information initiatives will be shared 	
<ul style="list-style-type: none"> • Intermediate care 	<ul style="list-style-type: none"> • Inf. collected re this is standardised across the district 	<ul style="list-style-type: none"> • Work with I.T. • Sharing work in progress

ISSUE <u>RISK MANAGEMENT</u>	STANDARDS	PROCESS
<ul style="list-style-type: none"> • 'On call' 	Community Hospitals will have access to managers out of hours to support decision making	<ul style="list-style-type: none"> • District wide out of hours management on call
<ul style="list-style-type: none"> • Major incidents 	Community Hospitals will be able to respond in a co-ordinated way	<ul style="list-style-type: none"> • Close links
<ul style="list-style-type: none"> • Risk assessment 	There are mechanisms in place to ensure all staff have the opportunity to learn from reportable incidents	<ul style="list-style-type: none"> • Feedback from Falls Group to clinical network group • Clinical supervision framework • Action learning in group
<u>PATIENT EXPERIENCE</u>	Patient feedback from complaints are incorporated into developments	
	Patient process in OPD is the subject of constant review.	OPD forum to report via clinical network group.
	There is evidence that feedback from complaints and action plans are shared	