

COMMUNITY HOSPITALS -CLINICAL GOVERNANCE DEVELOPMENT PLAN 2001/02

Clinical governance strategies

- Given the changes in the local health economy affecting community hospitals, there has been a need to ensure that clinical governance arrangements are robust across a number of organizations. To this end a clinical network group was formed whose focus was clinical governance issues (in particular nursing governance). The coming year will see the strengthening of this network, ensuring work associated with the 7 pillars crosses organizational boundaries and impacts on services within all community hospitals.
- Other governance issues for community hospitals include 'Better hospital food' and implementation of the 'Modern Matron' concept. Work is underway in relation to the first and community hospitals will be represented on a working group to determine the role description for the latter.

Organization and responsibilities for clinical governance

- Clinical governance is a feature of all job descriptions for qualified staff and a feature of ward/dept team objectives based around the 7 pillars of clinical governance.
- The development in year of a clinical reference group for nurses in community hospitals to replace the contract lead group structure has been successful. The aim of this group is to steer clinical governance for community hospitals across the new organizations, ensuring there is congruence in developments where that is appropriate.

Patient/client/carer experience and involvement -

- Quarterly surveys at GWMH have raised issues re catering and these are being addressed by the service manager. Community hospitals were part of the Trust disability access audit and many areas have been upgraded as a result, eg. HWMH front doors and ST Christophers work on entrance is in hand.
- In the coming year nurses in community hospitals will commence the gerontological nursing development programme. A steering group has been set up **and a lay and expert advisory group will provide advice and support to the project. This group is comprised of both clinicians in the field and representatives from patient organizations as well as local leagues of hospital friends.**
- In addition community hospitals are involved with their local NSF locality groups which are currently collating information re user and carer involvement. In Fareham and Gosport this information will be used to develop an action plan for future carer and user involvement.
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Research and 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 training of the target group (all qualified nurses) is underway. 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 reference group. Further work to be undertaken to establish the competencies required on an ongoing basis and to determine quantity etc. A resource pack is being developed for this purpose.