

CHI ACTION PLAN - PROGRESS REPORT AS AT END OF OCTOBER 2003

Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action(s) completed
Rec: 1	To develop performance monitoring arrangements to ensure that any performance shortfalls in the provision of services for older people at Gosport War Memorial Hospital are identified and addressed swiftly.	<ul style="list-style-type: none"> • Appointment of Operational Director for Secondary Care - in post • Develop a Service Level Agreement (SLA) for Older People's Services with jointly agreed principles, clinical governance standards and responsibilities, and key performance criteria – by December 2002 • Establish a system for monitoring and performance managing Service Level Agreement arrangements – January 2003 • Set up and run regular dedicated clinical/ management meetings that involve the associate lead consultant – from December 2002 	Tony Horne	44	<ul style="list-style-type: none"> • Operational Director in post – appointed September 2002 • Draft SLA produced by East Hants PCT. To be finalised by December 2003. • Performance monitoring arrangements documented in SLA – to be undertaken through Service Review process and bi-annual hosted Service Review arrangements. • Elderly Care Service Planning meetings established led by East Hants PCT 	<ul style="list-style-type: none"> • Job description of postholder • Second draft version of SLA • As above • Terms of Reference for Fareham & Gosport Older People's Services Clinical Management meetings • Notes of meeting held 29 September 2003 - Key issues discussed included: managing hosted services and risk sharing
			Neil Stubbs	4		
			Neil Stubbs	4		
Rec: 2	To review the policy for admitting patients to Sultan Ward at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Establish a meeting to review and revise, as necessary the criteria for admitting patients to Sultan ward – completed September 2002 ▪ Establish a Gosport War Memorial Hospital Medical Committee to review criteria for GP admissions to Sultan Ward - Jan 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> • Guidelines and criteria for admission to Sultan Ward reviewed, ratified and monitored through existing Gosport GP Committee – meetings held two monthly • GP bed position at GWMH is a standing agenda item on GP Committee • PCT Operational Service Managers attend GP Committee meetings. 	<ul style="list-style-type: none"> • Notes of GP Committee meetings held in January, March and May 2003. Actions agreed in relation to: approval of guidelines for the assessment and admission to GP beds, GP bed utilisation/capacity and GP cover. • Copy of revised guidelines on admission to Sultan Ward.
			Fiona Cameron	44		

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Rec: 3	To review all local prescribing guidelines to ensure appropriateness for current levels of patient dependency on elderly care service wards.	<ul style="list-style-type: none"> Establish a process to ensure that ongoing review of the admissions policy is undertaken as part of routine review, and in particular in response to service changes 	Fiona Cameron	44	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
		<ul style="list-style-type: none"> Establish Medicines Management Group as a sub group of the Area Prescribing Committee, to oversee the review and guideline development process where necessary - Group established by November 2002. 	Hazel Bagshaw/Jeff Watling	4 4	<ul style="list-style-type: none"> First formal meeting of Medicine's Management Group held May 2003. Delay in establishing Committee due to securing professional support across 3 PCTs and acute trust for Committee. 0.5WTE Drug Therapy Guidelines Pharmacist took up post July 2003 and accountable to District Pharmacist (PHT). (Recruitment difficulties delayed appointment). Responsible for co-ordinating the review, development, monitoring and auditing of drug therapy guidelines across the local health economy. 	<ul style="list-style-type: none"> Notes of Medicine's Management Committee meeting held on 13 May. Key actions include agreement of key functions of Committee, policy for the production, approval, review and audit of drug therapy guidelines, and the four priority areas for guideline review. Terms of Reference of Committee Meetings held on a quarterly basis. Policy for production of Drug Therapy Guidelines Copy of job description of Drug Therapy Guidelines Pharmacist
		<ul style="list-style-type: none"> Carry out a review and revision of guidelines in 6 key areas - by March 2003 	Hazel Bagshaw/Jeff Watling	4	<ul style="list-style-type: none"> Guidelines to be reviewed in 4 priority areas by 15 December 2003; confusion in the elderly, fluid replacement in the elderly, sedation in terminal illness and pain control in the elderly. 	<ul style="list-style-type: none"> <i>Copies of revised Guidelines in the 4 key areas</i> <i>Copy of guideline launch plan for GWMH</i>
		<ul style="list-style-type: none"> Audit prescribing against initial 6 revised guidelines and assess appropriateness in relation to patient 	Hazel Bagshaw/Jeff Watling	X	<ul style="list-style-type: none"> Audit process will be agreed and in place for guideline launch at Gosport War Memorial Hospital during December 2003. 	<ul style="list-style-type: none"> <i>Copy of audit tool</i>

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 4	To establish comprehensive pharmacy service support to wards at Gosport War Memorial Hospital	<p>dependency levels – by December 2003</p> <ul style="list-style-type: none"> Ensure staff training requirements arising from revised guidelines are integrated into PCT training programmes, and as new guidelines are reviewed and developed and implemented – ongoing 	Hazel Bagshaw	X	<ul style="list-style-type: none"> Training programme to be developed to address needs identified through guideline audit process by February 2004. 	<ul style="list-style-type: none"> <i>Audit report and action plan</i> <i>Training programme</i>
		<ul style="list-style-type: none"> Review the current level of pharmacy services provided based on the existing Service Level Agreement, and prepare a business case to enhance provision, which includes an explicit specification for Out of Hours cover – by October 2002 Integrate additional investment /pharmacy activity into Service Level Agreement - by January/February 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> Business case for additional community pharmacy support prepared by Portsmouth Hospitals Trust December 2002, 0.8WTE Clinical Pharmacist took up post October 2003 with Fareham & Gosport PCT. (Recruitment delays due to lack/shortage of applications for job). 	<ul style="list-style-type: none"> Copy of Business case Copy of job description
		<ul style="list-style-type: none"> Establish central point of reference for Pharmacy Staff working in satellite sites - in place 	Fiona Cameron/Hazel Bagshaw	4	<ul style="list-style-type: none"> Revised SLA to take account of additional investment in clinical pharmacist appointment by Fareham & Gosport PCT by 15 December 2003. Supply part of current SLA with PHT will not change. 	<ul style="list-style-type: none"> <i>Revised SLA</i>
			Hazel Bagshaw/Fiona Cameron	44	<ul style="list-style-type: none"> Copy of Guide to Community Pharmacist support in all key clinic and hospital sites in PCT area 	<ul style="list-style-type: none"> Copy of relocation of Pharmacy Services to Community Hospitals

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Rec: 5	To review and monitor prescribing of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan ward.	<ul style="list-style-type: none"> ▪ Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan wards - by March 2003. ▪ Carry out a retrospective audit of diamorphine prescribing on Sultan ward to ensure that current guidelines are implemented – by December 2002 ▪ Establish a system for routine monitoring and auditing of narcotic analgesic prescribing on wards, including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial Hospital - by March 2003 ▪ Carry out monthly analysis of prescribing data and investigate sudden changes – by April 2003. 	<p>Hazel Bagshaw /Fiona Cameron</p> <p>Ian Reid/Hazel Bagshaw</p> <p>Ian Reid/Hazel Bagshaw</p> <p>Hazel Bagshaw/Jeff Watling</p>	<p>XX</p> <p>44</p> <p>4</p> <p>4</p>	<ul style="list-style-type: none"> • Work programme for 0.8WTE Clinical Pharmacist agreed by 15 December 2003. PCT to advertise for a pharmacist technician to support data monitoring activity by January 2004. • Audit undertaken by PCT's Clinical Governance Manager. Report produced March 2003 • A Pain & Controlled Drug Monitoring Group established across the local health economy for elderly people. • Induction period for newly appointed Clinical Pharmacist at GWMH concluded. System to be in place from beginning of December 2003. • A critical path analysis reflecting the appropriate action to be taken in response to a prescribing problem has been developed and tested - to be in place by December 2003. • PCT audit of prescribing of analgesics Dec 02 – Feb 03 carried out during March 2003. Remit widened May 2003 to include Elderly Mental Health and drugs with potential for misuse, across whole health economy. • Portsmouth Hospitals have established a process for monthly audit. Fareham & Gosport PCT 	<ul style="list-style-type: none"> • <i>Copy of work programmes</i> • <i>Coy of job description for pharmacy technician.</i> • Audit report and action plan. Key actions targeted on amendment and dissemination of existing Pain Management Policy and associated guidelines, sharing audit findings with GPs and heads of service. • Notes of meetings held 13 May and 24 June 2003. Key actions agreed in relation to piloting a pain assessment/rationale for analgesia chart in a number of Community Hospital/locations. • <i>Copy of Critical Pathway and dissemination plan targeting staff on all elderly wards at Gosport war Memorial Hospital and St Christopher's Hospital</i> • Copy of Audit report and action plan • <i>Monthly data analysis report</i>

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Rec: 6	To ensure that all-relevant staff, including GPs, in Fareham & Gosport and East Hampshire and PCTs are trained in prescription, administration, review and recording of medicines for older	<ul style="list-style-type: none"> Ensure dissemination of prescribing data to medical staff to support rigorous routine review - by May 2003 	Ian Reid/Hazel Bagshaw	4	<p>Clinical Governance Executive lead receives monthly data for monitoring purposes</p> <ul style="list-style-type: none"> A monitoring framework has been agreed and Clinical Pharmacist will undertake ongoing implementation. Medical Director and Pharmaceutical Adviser currently responsible for addressing any prescribing anomalies identified through audit data with medical staff. Clinical pharmacist work programme to include monthly dissemination of prescribing data to medical staff to support rigorous routine review. 	<ul style="list-style-type: none"> <i>Copy of monitoring framework</i> <i>Outline dissemination plan</i>
		<ul style="list-style-type: none"> Establish short life group (as a sub-group of the Medicines Management Group) to review and make recommendations for action regarding training and development -group established by November 2002 and plan developed - by March 2003 	Ian Reid/Hazel Bagshaw	4	<ul style="list-style-type: none"> A Training plan for GWMH will be identified from the findings of the audit of revised guidelines in the 4 priority areas by January 2004 (reference recommendation 3 above). 	<ul style="list-style-type: none"> <i>Training needs assessment and training plan</i>
		<ul style="list-style-type: none"> Ensure the integration of prescribing training requirements into PCT training delivery programmes – by April 2003 Carry out an audit of the quality and legibility of 	Ian Reid/Hazel Bagshaw/Fiona Cameron	4	<ul style="list-style-type: none"> Ensure implementation of training from January 2004 linked to the revision and audit of clinical/prescribing guidelines Audit completed on a sample of patients (prescribed analgesic during Dec 02 – Feb 03). Report to 	<ul style="list-style-type: none"> <i>Coverage and uptake of training by of relevant staff</i> <i>Audit report and action plan</i>

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Rec 7	people. To ensure that lessons from patient complaints and comments are disseminated amongst all staff caring for older people in Fareham & Gosport and East Hampshire PCTs	prescribing notes to facilitate discussions between medical staff/GPs - by April 2003.		44	be finalised by August 2003 and results presented to PCT Clinical Governance Committee		
		<ul style="list-style-type: none"> Action and learning points from complaints to be included in PCT Quality Newsletter SEQUAL in East Hants PCT - from Oct 2002 	Sue DK				<ul style="list-style-type: none"> Sample of East Hants PCT Quality Newsletter SEQUAL September 2001 and Newsletter April 2002.
		<ul style="list-style-type: none"> All complaints and lessons learned to be fed through Service Clinical Governance Groups in East Hants PCT - in place 	Sue DK		44		<ul style="list-style-type: none"> Copy of framework and template to promote organisational learning.
		<ul style="list-style-type: none"> Review Complaints Policy in Fareham & Gosport PCT - by Dec 2002, and provide training to support implementation of new policy - by March 2003 	Fiona Cameron		44	<ul style="list-style-type: none"> Revised Complaints policy reviewed and launched March/April 2003 across Gosport War Memorial Hospital. 	<ul style="list-style-type: none"> Copy of revised Fareham & Gosport PCT Complaints Policy integration into induction programme. Approx. 10-15 new members of staff attend monthly induction from all service areas of PCT.
		<ul style="list-style-type: none"> Representatives from Service Clinical Governance Groups to continue to share lessons at team meetings – ongoing 	Sue DK/Fiona Cameron		44	<ul style="list-style-type: none"> Monthly Clinical Manager meeting held. 	<ul style="list-style-type: none"> Notes of Clinical Manager's meeting held on 10 March 2003. Actions agreed in relation to the complaint process, risk management training, critical incident reporting and quality improvements, including patient information.
				44	<ul style="list-style-type: none"> Two monthly meetings held involving Risk Managers from each organisation across Portsmouth & South East Hampshire.. 	<ul style="list-style-type: none"> Notes of Portsmouth & South East Hampshire Risk Managers Network meetings held July 2002. Network's main purpose to ensure controls 	

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		<ul style="list-style-type: none"> Action plans generated from each complaint in Fareham & Gosport PCT to be monitored through Quarterly Service Review process until action completed by Service Managers – by October 2002. 	Fiona Cameron	44	<ul style="list-style-type: none"> Service Review process reviewed and further developed during 2002 to include broader focus on trend analysis and outcomes of action planning. 	<p>assurance within and across organisation. Key action agreed in relation to complaint trends concerning record keeping, fluids and poor communication. Notes of Risk Managers Network meeting held March 2003. Action agreed to establish a district wide 'CLIP' Group to focus on organisational learning and improvement in response to complaints, litigation and incidents.</p> <ul style="list-style-type: none"> Copy of Quarterly Service Review reports for 2nd and third quarter 2002 detailing complaints/trends and action plans.
Rec: 8	To ensure that nursing/other staff at Gosport WM Hospital are appropriately trained to undertake swallowing assessments to enable patient care	<ul style="list-style-type: none"> Engage Speech and Language Therapy in providing additional training programmes - to commence early October 2002 Initiate an audit to assess the impact of training and to identify unmet need - by March 2003. Implement agreed action plan arising from audit findings - by October 	Fiona Cameron	44	<ul style="list-style-type: none"> Competency based model of training developed at three levels to ensure all qualified staff and support workers acquire basic to advanced skill in swallowing assessment. Audit was carried out simultaneously to assess level of individual training required. 	<ul style="list-style-type: none"> Training programme proposal 100% of all qualified staff trained in initial swallowing assessment Copy of ward staff induction programme, incorporating basic swallowing assessment training Audit report and action plan Copy of action plan
			Fiona Cameron	44		

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Rec: 9	needs to be met across 24 hours To review and clarify the role of the Activities Co-ordinator at Gosport War Memorial Hospital	2003 <ul style="list-style-type: none"> Widen the membership of the Activities Co-ordinator Working Group to include patient / relative, medical and pharmaceutical staff representation - by December 2002 Review the need for the Activities Co-ordinator role to be used in specific ward areas and recommend a way forward - by April 2003 	Fiona Cameron Fiona Cameron	44 44	<ul style="list-style-type: none"> Consultation with patients and relatives on proposal to extend/develop role of Activities Co-ordinator undertaken in April 2003 through focus groups. Additional funding secured – postholder appointed by July 2003. 	<ul style="list-style-type: none"> Copy of proposal and job description. Key purpose of postholder is to promote and assist patients to participate in therapeutic activities, including helping them to meet their nutritional and hydration needs.
Rec: 10	To ensure clinical practice relating to continence management nutrition and hydration are in line with the standards set out in 'Essence of Care' at Gosport War Memorial Hospital	<ul style="list-style-type: none"> Undertake an audit and analysis of compliance against national standards and identify a plan of action to implement standards - by Nov. 2002 Re-launch 'Essence of Care' standards with nursing and other profession leads - by March 2002. Identify a lead/link nurse for each care standard area - by March 2003 	Fiona Cameron Fiona Cameron Fiona Cameron	44 44 44	<ul style="list-style-type: none"> A retrospective audit undertaken and action incorporated as part of launch of Essence of Care Standards. Four interdisciplinary launch events held during March 2003. Volunteers identified to establish a link network for essence of care standards across Fareham & Gosport PCT in all clinical areas. Further workshops planned to 	<ul style="list-style-type: none"> Audit Report and action plan Approx .150 staff involved representing all senior clinical staff from each nursing area. List of link nurses and copy of Nurse Development Report

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Rec: 11	To ensure that communication developments with staff working in community hospitals are continued in both Fareham & Gosport and East Hampshire PCTs	<ul style="list-style-type: none"> ▪ Feedback CHI action plan and progress reports through regular meetings with staff – ongoing ▪ Finalise internal communications improvements in each PCT – by December 2002. • Implement PCT Communications Plan in East Hants PCT – from September 2002 	<p>Sue DK/Fiona Cameron</p> <p>Sue DK/Fiona Cameron</p> <p>Sue DK</p>	<p>44</p> <p>44</p> <p>44</p>	<p>support ongoing development. Nurse Development Report (see rec. 15) captures action plan for this.</p> <ul style="list-style-type: none"> • Cascade system of communication established via existing communication mechanisms ie. staff meetings and staff briefings /newsletters 	<ul style="list-style-type: none"> • Copy of Communications Plan for cascading CHI Action Plan during Nov 2002 – Jan 2003 in Fareham & Gosport and East Hants PCTs • Copy of April Briefing (progress report on implementing CHI recommendations) • Copy of NewsReach May 2003 (article on Gerontological Nurse Development programme) • Copy of Communication Plan
Rec: 12	To determine the best way to improve communication with older patients and their relatives /carers	<ul style="list-style-type: none"> ▪ Produce draft outline Patient and Public Involvement Strategy, incorporating staff communications in Fareham & Gosport PCT by January 2003. ▪ Review Nurses Directory in Fareham & Gosport PCT – by March 2003. ▪ Fareham and Gosport PCT to develop a process for consulting 	<p>Noreen Kickham / Kathryn Rowles</p> <p>Fiona Cameron</p> <p>Noreen Kickham / Kathryn Rowles</p>	<p>44</p> <p>44</p>	<ul style="list-style-type: none"> • Paper incorporating strategic framework and action plan for 2003/4 on patient and public involvement approved by PCT Board in Jan 2003; • Work to involve patients and relatives progressed through the development of a Patient Advice and Liaison Service at Gosport War 	<ul style="list-style-type: none"> • Copy of Patient and Public Involvement Framework and Action Plan 2003/4. Action identified under 4 strategic themes: patient experience, service user involvement in service planning, community development and communication/engagement with staff. • Copy of revised Nurse Directory • PALS Annual report and quarterly monitoring report for period ending June 2003.

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Rec: 13	To review 'Out of Hours' medical	with key local organisations/user groups in relation to older people - by March 2003.		44	Memorial Hospital and St Christopher's Hospital.	
		<ul style="list-style-type: none"> Ensure information about services at Gosport War Memorial Hospital is available at Queen Alexandra Hospital, St Mary's Hospital and RH Haslar for patients and families prior to transfer. Information leaflets to be prepared - by end March 2003. 	Fiona Cameron	44	<ul style="list-style-type: none"> HealthFit initiative focusing on older people's services has captured service user perspectives. 	<ul style="list-style-type: none"> Healthfit feedback report - phase three/four Copy of revised patient information leaflet and booklets for each ward.
		<ul style="list-style-type: none"> Follow-up of actions arising from the communication audit undertaken by the Community Health Council - by March 2003. 	Fiona Cameron	44	<ul style="list-style-type: none"> CHC presentation to the PCT Board in May - audit to be completed St Christopher's Community Hospital in Fareham before end of December 2003. 	<ul style="list-style-type: none"> Copy of CHC report and PCT action plan. Action targeted on clarifying the role of named nurses, ensuring all staff identifying themselves when speaking with patients/relatives, identifying means by which patients can access and communicate with doctors and developing the communication/information process for patients/relatives admitted and transferring from hospitals
		<ul style="list-style-type: none"> Review the "Living with Bereavement" booklet - by March 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> Re-printed July 2003 	<ul style="list-style-type: none"> Copy of 'Because we Care' booklet
		<ul style="list-style-type: none"> Review and renew the 'Out of Hours' contractual agreement for medical cover on consultant led 	Fiona Cameron		<ul style="list-style-type: none"> Refer recommendation 2 action. Initial meeting held July 2002. Out of Hours Service meetings held quarterly in addition to an annual 	<ul style="list-style-type: none"> Notes of July 2002 meeting. Key actions agreed re; quality standards, response times, GP clinical supervision/education, contract

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Rec: 14	cover to Daedalus, Dryad and Sultan wards at Gosport War Memorial Hospital To ensure appropriate patients are admitted to Gosport War Memorial Hospital and receive appropriate levels of support.	Dryad and Daedalus wards – by December 2002 <ul style="list-style-type: none"> ▪ Review the admissions criteria for GP led Sultan ward - by Sept 2002 ▪ Implement alternative models of 'Out of Hours' Service - by Jan 2002. • Review the admissions policy for Sultan - by September 2002 and for Dryad and Daedalus wards – by December 2002. • Undertake audit of patients admitted to Daedalus, Dryad and Sultan Wards to determine the appropriateness of admission against new admissions policy Sultan Ward 2002, Daedalus & Dryad – by June 2003	Fiona Cameron	44	Out of Hours Contract review meeting Refer recommendation 2 • Audit initiated in June.	value and frequency of review meetings. • Copy of Admission Criteria policy
			Fiona Cameron	44		• Copy of Out of Hours medical cover contract
			Fiona Cameron / Ian Reid	44		• Copies of revised admissions policies for Sultan, Dryad and Daedalus wards.
			Fiona Cameron	44		• <i>Audit report and action plan</i>
Rec: 15	To establish arrangements in Fareham & Gosport PCT to ensure strong, long-term nursing leadership	<ul style="list-style-type: none"> ▪ Establish a 6 month secondment Practice Development post facilitate leadership developments in Gosport War Memorial Hospital – by September 2002 ▪ Establish nursing reference groups that will 	Fiona Cameron	4	<ul style="list-style-type: none"> • Secondment extended for a further year from April 2003 to progress other Community Hospital and strategic nursing development work across Fareham & Gosport PCT 	<ul style="list-style-type: none"> • Copy of Practice Development Facilitator job description and Progress Report • Terms of reference for nursing reference group

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	on all wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> identify and implement clinical support processes in conjunction with Practice Development postholder - by December 2002 ▪ Develop PCT Nursing Strategy - by September 2003 ▪ Establish an implementation group to support development and delivery of PCT nursing strategy – by December 2002. ▪ Evaluate the Gerontological Nursing Programme - by November 2002 	Fiona Cameron	44			
			Fiona Cameron	44		<ul style="list-style-type: none"> • Strategic themes have been identified and comprehensive consultation with community nurses underway. First draft due Dec 2003. 	<ul style="list-style-type: none"> • Copy of PCT Nursing Strategy
				4	Programme now being rolled out across East Hampshire PCT area based on evaluation.	<ul style="list-style-type: none"> • Terms of reference of Implementation Group • Copy of Final Report 	
Rec: 16	Develop local policy guidance in relation to GPs who work as Clinical Assistants in Community Hospitals in Fareham and Gosport PCT.	<ul style="list-style-type: none"> ▪ Develop guidance for using GPs as Clinical Assistants to inform personnel policy and employment practice - by March 2003 	Jane Parvin/Ian Reid	44		<ul style="list-style-type: none"> • Draft policy produced and consultation completed. Policy awaiting final ratification by Medical Advisory Committee and PCT PEC in October 2003 before formal adoption • Final copy of policy 	
				44			
				44			
Rec: 17	To ensure	<ul style="list-style-type: none"> • Utilise Service Review 	Ian Piper / Tony		<ul style="list-style-type: none"> • Existing formal mechanism for 	<ul style="list-style-type: none"> • Copies of July – Sept 2002 and Oct 	

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	arrangements are in place for continued learning and monitoring of action arising from complaints across Fareham & Gosport and East Hants PCTs	<p>process and bi-annual hosted services review arrangements to oversee monitoring of trends and action taken in relation to complaints</p> <ul style="list-style-type: none"> Complaints trends and actions shared through Clinical Governance Committees and Quarterly Quality report – in place in East Hants PCT Set up PCT Complaints Panel in East Hants PCT –by Oct 2002 Review Complaints Policy in Fareham & Gosport PCT - by March 2003 Develop mechanism for sharing lessons learnt from complaints across both organisations, which are timely and effective – by March 2003 	<p>Horne</p> <p>Fiona Cameron / Sue DK</p> <p>Sue DK</p> <p>Fiona Cameron</p> <p>Sue DK / Fiona Cameron</p>	<p>44</p> <p>44</p> <p>44</p> <p>44</p>	<p>Service review both within and across the 2 PCTs was revised and further refined during autumn of 2003</p> <ul style="list-style-type: none"> Two monthly meetings between Clinical Governance leads across PCTs to share good practice, issues and trends 	<p>– Dec 2002 Community Service Review, documenting trends and actions taken regarding complaints.</p> <ul style="list-style-type: none"> As above Terms of Reference of Panel Copy of revised policy Copy of notes of meeting held 28 April 2003. Key actions agreed in relation to mechanisms for sharing risk and complaints reports, community service and elderly service reviews, and re-clarification of the main purpose of the risk manager's network and their accountability as part of PCT clinical governance structures.
Rec: 18	To ensure all staff on Dryad, Daedalus and Sultan	<ul style="list-style-type: none"> Develop comprehensive complaints and customer care training programme for staff that links to the PALS and induction 	Sue DK / Fiona Cameron	44	<ul style="list-style-type: none"> Customer Care Training programme now a mandatory part of PCT staff training programme and is currently being reviewed and revised to ensure links with PALS and 	<ul style="list-style-type: none"> <i>Copy of revised Customer Care Training component of PCT training programme</i>

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	attend customer care and complaints training, which are developed with patients, relatives and staff	<p>training programmes – by March 2003</p> <ul style="list-style-type: none"> Ensure that all medical staff can demonstrate that they continue to improve their communication skills through their Continuous Professional Development programme – medical staff aware of this requirement by April 2003 	Ian Reid/Andrew Patterson	4	<p>Complaints by the Training & Development Service, hosted by Fareham & Gosport PCT on behalf of the 3 local PCTs. To be agreed by February 2004.</p> <ul style="list-style-type: none"> Annual appraisal process in place for all consultant and non - consultant medical staff working at Gosport War Memorial Hospital. GPs who hold Clinical Assistant posts will be appraised as part of GP appraisal process. 	<ul style="list-style-type: none"> Letter dated 28 August 2003 from Medical Director confirming that: all medical staff appraisals have been concluded. Summaries of consultant appraisals undertaken since March 2003 included, which identify that communication skills of consultant staff at GWMH are of a high level. Other medical staff have regular meetings with educational supervisor - communication skill training is addressed through this process GP appraisal process being actively rolled out across PCT area to be concluded by March 2004 - 55% coverage of GP staff as at September 2003.
Rec: 19	To ensure clinical governance developments are fully maintained and supported within Fareham & Gosport PCT	<ul style="list-style-type: none"> Implement Quality Strategy and annual action plans in East Hants PCT – ongoing Produce a Clinical Governance Framework/Action Plan for Fareham and Gosport PCT – by January 2003. 	Sue DK Fiona Cameron	44	<ul style="list-style-type: none"> Submitted for PCT Board approval March 2003 	<ul style="list-style-type: none"> Copy of Strategy and annual action plan for East Hants PCT Copy of Clinical Governance Framework and development plan 2003/4 embracing actions re: processes for quality improvement (risk management, clinical audit, complaints), the patient experience,

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 20	Gosport and East Hants PCTs To ensure all staff are aware of the requirement to complete risk and incident reports	<ul style="list-style-type: none"> Produce a Quality Development Plan for Fareham and Gosport PCT – by Sept 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> First draft of Clinical Governance Strategy to be produced November 2003. 	<ul style="list-style-type: none"> use of information, staff, leadership and strategic planning. Copy of Clinical Governance Strategy.
		<ul style="list-style-type: none"> Ensure clear PCT structures and accountabilities for Clinical Governance - in place. 	Ian Piper / Tony Horne	44		<ul style="list-style-type: none"> Copy of PCT Clinical Governance structure/accountability framework
		<ul style="list-style-type: none"> Audit current reporting mechanisms to test robustness – by March 2003 	Sue DK / Fiona Cameron	4	<ul style="list-style-type: none"> East Hants PCT has reviewed risk/clinical governance processes. Fareham & Gosport PCT has completed CASU Governance Assessment 	<ul style="list-style-type: none"> Copy of review report//action plan from East Hampshire PCT Copy of CASU assessment and action plan from Fareham & Gosport PCT. Actions targeted in areas including development of risk registers, addressing gaps in risk/controls assurance, developing a comprehensive system of benchmarking
		<ul style="list-style-type: none"> All staff, including medical staff, are trained in the completion of risk management forms and basic risk management & awareness – ongoing Risk management training for junior doctors and new medical staff on induction - from January 2003 	Ian Reid/ Fiona Cameron / Sue DK	44	<ul style="list-style-type: none"> Incorporated as part of junior doctors/new medical staff induction programme and monthly PCT induction programme for new staff. 	<ul style="list-style-type: none"> 52 staff during the 5-month period April - August 2003 attended PCT induction programme. There are 37 risk assessors identified - one in each clinical area in Fareham & Gosport PCT Letter dated 28 August from Medical Director confirming local arrangements/processes in place for medical staff. Risk training issues picked up through 1-1 sessions with educational supervisor. 5 Medical staff working at GWMH and St Christopher's Hospital have
			Ian Reid/ Fiona Cameron / Sue DK	4		

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 21	To ensure systems are in place to identify and monitor trends revealed by risk reports and action is taken	<ul style="list-style-type: none"> Re-launch risk incident forms in Fareham & Gosport PCT - by March 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> Risk incident forms to be re-launched in GWM and St Christopher's Hospitals. A revised risk scoring system has been developed and new risk incident forms currently at printers Mechanism to share quality and risk data established. See recommendation 17. Quality reports incorporated as part of Service Review process, which was reviewed and amended autumn 2002 and as part of regular performance monitoring reports submitted to PCT Board 	<ul style="list-style-type: none"> undergone risk event training during 2002/3. Copy of revised risk incident forms and documentation of re-launch programme. 43 staff attended formal risk assessment training during 2002/3, All Heads of Service (15 staff) from both Community Hospitals attended re-launch event. Refer to evidence identified for recommendation 17
		<ul style="list-style-type: none"> Further develop the current quarterly quality reporting mechanism in East Hants PCT to make explicit action taken and lessons learned – from October 2002 	Fiona Cameron / Sue DK	44		<ul style="list-style-type: none"> As above
		<ul style="list-style-type: none"> Agree process for cross organisational reporting and sharing lessons/ learning lessons – by March 2003 Review quarterly quality reporting mechanism in Fareham & Gosport PCT - by March 2003 	Fiona Cameron / Sue DK Fiona Cameron	44 44		<ul style="list-style-type: none"> Copy of Service Review Oct - Dec 2002 and PCT Board report June 2003
Rec: 22	To ensure 'Whistle Blowing' policies across the PCT	<ul style="list-style-type: none"> Develop an audit trail to identify any gaps in the current system – by June 2003 	Sue DK / Fiona Cameron	44	<ul style="list-style-type: none"> Process of review underway. 	<ul style="list-style-type: none"> Copy of audit process and programme
		<ul style="list-style-type: none"> Implement 	Sue DK / Fiona			<ul style="list-style-type: none"> Copy of action plan

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
	PCTs enable staff to raise concerns outside normal management channels	<p>recommendations as a result of audit - by September 2003</p> <ul style="list-style-type: none"> • Work with Joint representative committee to review policy • Redefine "whistleblowing" to gain greater acceptance amongst staff. • Revise and approve - by June 2003 • Establish a programme for investigation officer training 	<p>Cameron</p> <p>Jane Parvin</p> <p>Jane Parvin</p> <p>Jane Parvin</p> <p>Jane Parvin</p>	<p>44</p> <p></p> <p></p> <p>44</p> <p>4</p> <p></p> <p>44</p> <p>44</p> <p>44</p> <p>4</p>	<ul style="list-style-type: none"> • Pan PCT and Portsmouth Hospitals Trust stakeholder event, which included staff side representation held 16 June 2003 to revise and amend existing policy • Policy to August Board meeting for final approval • Process for investigation officer training approved across the 3 local PCTs. Shared Training Service to co-ordinate implementation 	<ul style="list-style-type: none"> • Copy of revised policy • <i>Copy of training programme - frequency and numbers attending first event.</i>

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