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Message		
From:		Code A
Sent:	15/12/2008 11:52:	34
To:	Jeffs Justina - Assoc	ciate Director of Governance [/O=PORTSMOUTH HOSPITALS NHS TRUST/OU=ST
CC:		
		Code A
Subject: Attachments:	Response to CHI re 081212 final templ	commendations, GWMH; Timeframes ate.xls
Importance:	High	
		<u>URGENT</u>
Dear All		
Following the responses to the time fram	the CHI recommer	ast steering group meeting <b>Code A</b> has agreed to review all four organisations' idations, to give us some assurance that there is nothing we have overlooked. These are
2 <sup>nd</sup> January 2	2009 (midday)	– completed documents to me, to enable me to forward them all to ES.
5 <sup>th</sup> and 6 <sup>th</sup> January -		- Code A reviews our documents



- code A will be at Omega House and will be telephoning/speaking to authors of the four documents with any queries she might have on them. Authors of documents must therefore make themselves available by phone or in person on that day. Please let me have the name of the person and their preferred contact number for this purpose.

8<sup>th</sup> January

SHA, to pass through their Board.

- opportunity to make changes agreed with Code A

9<sup>th</sup> January (midday) – all four documents to me, so that I can write a summary paper and get them up to the

submitting the documents which group/individual will be signing it off.

Before passing the documents to the SHA each organisation will need to get their contribution signed off by their own 'assurance team', given that it will not be possible to get them approved by Boards in time. Please let me know when

What we are looking at in this document is the situation now, not covering the history from 2002 to the present. We just need to demonstrate that we have policies and procedures in place that would prevent the events of 1996-98 happening again.

I am conscious that we have not had a detailed discussion about the format. Although PHT has prepared a more complex document to meet Code A needs, I think what each organisation should include are

- reference to the most up to date policy/other documents relevant to each point as evidence of development/change, and
- a narrative to explain what the documents in the evidence column are.

There will therefore need to be three columns, one for the recommendation, one for the narrative describing the evidence, and one for the evidence. I am attaching a copy of a revised HPCT document to show how I am approaching it, which I would suggest you use.

If Board papers are available through your website a hyperlink in the evidence column to the relevant paper is a very convenient way of providing the evidence. If this is not possible, you need to have the evidence to hand so that if Code A asks for it on 7<sup>th</sup> January you can get it to her without delay. You could email it to me if you have the evidence electronically, but if you do not hold the evidence electronically you may need to consider sending it in advance or bringing it.

It would also be useful for us to help Code A by highlighting areas of excellence within each organisation, which could be done in the narrative column of the document, or in a covering letter. This is an opportunity for promoting best practice at GWMH. Code A suggested that it would be helpful if we also included the NHSLA assessment on each organisation. If you can let me know the level at which the NHSA have assessed your organisation, I will include it in the summary document.

You will see that this has now become <u>urgent</u>, though I have found that looking at only the 2008/09 situation has been very helpful, and makes the task less time-consuming than mapping all the changes since 2002. Through all this clarification we should now all be able to meet the admittedly tight deadlines.

I am out of the office on Friday 19<sup>th</sup> and Monday 22<sup>nd</sup> December, but will otherwise be at my desk should you need to discuss anything. Thank you for your help.

Regards

## Code A

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Please use NHSmail for all personal identifiable data and notify me at Code A of its transmission

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