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Hampshire and Isle of Wight
Strategic Health Authority

Paper HA100/03
Enclosure L

Report to:	Health Authority Board Meeting: 9th September 2003
Title:	Clinical governance action plan - Performance Management Report July 2003 Hampshire Ambulance Service NHS Trust
Author:	Nigel McFetridge. Head of Clinical Governance
Lead Director:	Simon Tanner. Director of Public Health
Decision Sought:	The Board is asked to note the Performance Management Report

Background

The Commission for Health Improvement reviewed the clinical governance arrangements in Hampshire Ambulance Service NHS Trust and published their report on 7th February 2003.

The trust drew up an action plan to address all the recommendations. The action plan was approved by the HIOWSHA board on 13th May. At that meeting, the board expressed concerns about the development of clinical governance in the trust and requested a regular update on the implementation of the action plan. After recent changes at board and senior level, there is now a very positive culture and the trust is making very significant progress with implementing the action plan.

NHE000024-0002

HAMPSHIRE AMBULANCE SERVICE NHS TRUST

CLINICAL GOVERNANCE ACTION PLAN

PERFORMANCE MANAGEMENT REPORT

JULY 2003

REF	CHI ACTION POINT	OBJECTIVE	ACTION REQUIRED	TIMESCALE	ACCOUNTABILITY	PROGRESS AS AT REPORT DATE	ACTION STATUS	DOCUMENTARY EVIDENCE

Introduction

Hampshire Ambulance Service NHS Trust has produced a Clinical Governance Action Plan following the Commission for Health Improvement Clinical Governance Review. The plan has been through several monitoring processes and has been Board approved as a working document to improve the Ambulance Service's clinical governance arrangements. This document provides a monthly progress report on the Clinical Governance Action Plan.

There are 35 recommendations from the Commission for Health Improvement Clinical Governance Review. These have been placed in the Action Plan with 35 objectives and 121 actions to focus on continuous improvements to patient care and processes to support clinical governance within the organisation.

The report will provide a progress report on each action point on a month by month basis. This report will also be shared with the Strategic Health Authority and will form part of our performance management by the Authority.

For quick reference the report has placed an Action Status Code by each action point to provide an overview of the progress made:

Criteria

XXX The action has been completed and is impacting on the clinical governance outcomes and contributing to staff and patients care.

XX The action has been agreed and communicated and is currently being implemented

X The action is being processed through policy / strategy or communicating with stakeholders and staff and is awaiting approval and implementation.

Action Status completed.		
	XXX	5
	XX	31
	X	85
	Total	**121**

REF	CHI ACTION POINT	OBJECTIVE	ACTION REQUIRED	TIMESCALE	ACCOUNTABILITY	PROGRESS AS A REPORT DATE	ACTION STATUS	DOCUMENTARY EVIDENCE
1 SC	The trust needs to develop closer joint working with the local health economy to address concerns around GP urgent calls and transfers between hospitals.	To improve external communications on a local level with GP surgeries and hospital departments to further develop procedures surrounding urgent and hospital transfers	1. Establish a regular reporting mechanism to identify GP Urgents and transfers whom fall outside the agreed timescale. Producing hourly information up to and including a six-hour wait.	April 2003	Director Hampshire Ambulance	1. The Trust is identifying and reporting on the GP Urgents and transfers that fall outside the agreed appointments time. This report is provided as part of the statistic reports provided on a weekly and monthly basis.	XX	
			2. Review the information provided and identify the reasons for delay and make appropriate arrangements to improve the service. Also establish if patients are appropriately categorised based on clinical need.	April 2003		2. The Director of Operations and the operations team reviews this information and provide appropriate actions taken to improve the delivery of service	XX	
			3. Agree and provide this information on a regular basis to the Joint Commissioning Group and PCT's.	April 2003	Director Hampshire Ambulance Service	3. This has been agreed with the Joint Commissioning Group who represent the PCT's and this information is provided on a monthly basis and includes the six hour waits.	XX	
			4. To re-establish liaison meetings between the ambulance service and GP surgeries through Operational Managers on a local level.	June 2003		4. The Operational Managers have been task with meeting with GPs' in their locality. This is monitored through the Operations Manager	X	
			5. Review the role of hospital liaison within the major hospitals, implementing the recommendations.	Review end of February 2003	Comms Centre Manager	5. The Trust has placed Senior Managers as Hospital Liaison Managers at QAH, RHCH and SGH. This initiative will review for its effectiveness later in the year.	XX	
			6. Introduce the role of Community Paramedics/Technicians. In conjunction with 'Reforming Emergency Care'	Nov/Dec 2003	Reforming Emergency Care Manager	6. The Trust is working with the NHH and is piloting a Community Project called See and Treat Emergency Practitioner (STEP) with Howard Simpson from the A&E Unit. The project will involve six paramedics and nurses providing alternative health care pathways for patients. The scheme has agreed funding and the training starts in January 2004.	X	
			7. Review the option of clinical advisors within the Communications Centre.	June 2003	CEO	7. The Service has been working with BASIC who during peak times provide clinical support within the Communication Centres. This work	X	

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						is ongoing and will be reviewed for its effectiveness by the Medical Director.		
			8. Liaise with Professional Exec Group and LMC.	April 2003 & ongoing		8. The Medical Director was only appointed in May 2003. This was due to the delay in the recruitment process within the Strategic Health Authority. The Medical Director will be providing links with the Executive Groups and LMC through the work he carries out for the Organisation. This will not be effective until September 2003.	X	
			9. Seek support from the Modernisation Agency via the Strategic Health Authority to review and ascertain the support required to develop the Trust clinical governance arrangements	May 2003		9. The Service has made contact with the Modernisation Agency and held the review week from the 6th to 13th May 2003. The Service has continued to work with the Modernisation Agency to finalise the service level agreement with then. This is still to be agreed. ?	X	
2 SC	The trust needs to implement effective communication channels between senior management and operational staff, to enable information to be passed both ways.	To improve the visibility and direct accessibility of senior managers to effectively improve communication within the organisation	1. Investigate the effectiveness of regular "Road Shows", "Question Time" style workshops and tele-conferencing by the senior management team.	Implemented by April 2003	Communication Board	1. The Trust held a briefing day on the 4th February 2003 in which covered several topic such as • Implementation of the JRCALC Guidelines • Centralised Stores/Stocking and Washing • Improving Working Lives • Transparent Culture and Communications • Training and Development and HR • Strategies • Finance & Funding • New PTS Planning & Scheduling System The Trust is still to review this form of workshop proposed within this action point. But has also produced a Communication Strategy which is being implemented.	XX	
			2. Monthly team briefings	April 2003		2. The Service holds monthly tem meetings with the Senior Management Team.	X	
			3. Develop the use of the Intranet	April 2003		3. The Intranet has been develop and is ready to be implemented. It will require regular monitoring and up dating. This will be the responsibility of the Communications Departments when the new structure is in place and will be ready by August 2003	X	

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						place and will be ready by August 2003.		
			4. Regular on the road station visits by the senior management	February and ongoing		4. Senior Managers and the Medical Director have been holding regular station visit. The new CEO has also been conducting regular station visit	XX	
			5. Develop a help line and a staff suggestion scheme with Post Its	March 2003		5. The Trust has provided a YOU VOICE folder on the Public Folders within the E-mail system. This has a large number of questions and answers from the Communication Morning held in February 2003. It is also plan to hold another Communications Day in September 2003. The PALS Officer has provided a 24 hour help line number for staff and is visiting station to promote this service to staff and patients.	X	
			6. E-mail the annual training programme to all operational staff training.	April 2003		6. The annual Training Programme has been distributed to all station and departments and has been placed on the Trust Public Folders.	XX	
			7. Measure of effectiveness of communications via feedback and communications audit. Conducting 3 audits by March 2004.	June 2003 Sept 2003 Jan2004				
3 SC	The trust must work with the strategic health authority to address the staff vacancies at board level.	Review the ambulance services management arrangements making clear accountability and responsibility arrangements for quality of clinical care	1.Review Trust Board processes. In line with Strategic Health Authority.	May 2003	CEO	1. The Trust has appointed a new Acting CEO who is currently reviewing the structure of the Organisation. The structure is currently being developed and awaiting board approval. This should be in place by August 2003.	X	
			2. Interview and appoint Clinical Director and Medical Advisor.	May 2003	Acting Director Hamp Amb	2. This appointment has been made with Charles Deakin being appointed the Service's Medical Director.	X	
			3. Medical Advisor to establish a concise annual programme for the LAPSC and Standards Committee	June 2003	Medical Advisor	3. The Medical Director is reviewing the LAPSC Committee membership and Terms of Reference. Due to the late appointment of the MD this work will not be completed until September 2003.	X	
			4. Medical Advisor to "Chair"	Ongoing	Medical	4. The Medical Director will possible appoint a	X	

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			the LAPSC and Standards Committee		Advisor	Chair person through the new LAPSC and may not be completed until September 2003 due to the late appointment of the MD.		
			5. Develop a Clinical Advisory group for the Ambulance Service and NHSDO to manage clinical governance at local level and provide T of R	June 2003	Medical Advisor	5. Draft Terms of Reference for a Clinical Advisory Group for the Ambulance Service were taken to the Trust's Standards Committee on the 9th June 2003 for approval. Due to the change in senior management within the Organisation and the restructure within the ambulance service. The Terms of Reference for the Advisory Group were placed on hold. The reporting arrangement and process for clinical governance will be announced in July 2003.	X	
			6. Recruit and agree clinical governance leads for HA, NHSD & NHSDO	June 2003	CEO/Directors HA,NHSD & NHSDO	6. The agreed Clinical Leads are as follows: Ambulance Service Mark Rowell NHSDirect Andrew Lennon NHS Direct Online Aideen Tarby	XX	
			7. Review and develop the current arrangements of the Standards Committee to effectively manage the clinical governance agenda within the Trust	June 2003	CEO / Medical Advisors	7. Due to the change in senior management within the Organisation and the restructure within the ambulance service. The function of the Trust's Standards Committee will be review and the reporting arrangement and process for clinical governance will be announced in July 2003.	X	
			8. Provide regular six months reports on clinical governance to the Trust Board	On going	Medical Advisor	8. Performance reports will be provided to the Trust Board. The Standards Committee minutes are also provided at the Trust Board.	X	

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4 SC	The trust needs to develop and implement a public and patient involvement strategy.	Produce a public and patient involvement strategy, providing strategic direction for the Trust and enhancing the patient's perspective to influence service delivery	1. Produce and develop a public and patient involvement strategy. 2. Strategy to be approved by the Trust Board and Patient Pathfinder Forum. 3. Strategy to be launched and widely advertised across the community.	April 2003 April 2003 May/June 2003	PALS Manager	1. A PPI Strategy has been developed and went to the Standards Committee on the 9th June 2003 and will be presented to the Trust Board on the 29th July 2003. 2. The Trust Board will approve this on the 29th July 2003. 3. This will not take place unit after the Trust Board meeting and if approved will be communicated in August/September 2003.	X X X	
5 SC	The Trust must make sure that all serious incidents are investigated and action is taken.	Managers to investigate all reported incidents and there is a complete feedback loop Staff to be acknowledged for raising issues in some way, possibly be letter, even if staff member may be involved.	1. To review and strengthen the incident reporting and investigation policy and procedures to include procedures for taking action and providing feedback to staff involved using the principle developed by the National Patient Safety Agency. 2. To review and identify training needs for any untoward incident investigation and develop and deliver an integrated programme for all managers, supervisors and staff representatives. Implement guidance from 'Doing less Harm', and National Patient Safety Agency.	May 2003 June 2003	Medical Adviser Clinical Governance Lead To work in conjunction with the Training Department	1. The Standards Committee approved the single use form on the 9th June 2003. This will be printed and communication workshops on the new IR1 form and risk management will be run throughout the Service. This will take place in August and September 2003. 2. The communications workshops will cover this action point. The Policy is being reviewed against the guidance from 'Doing less Harm', and National Patient Safety Agency. This will be completed by July 2003 prior to the workshops.	X X	
6 SC	The trust needs to develop a planned annual programme for clinical	The Trust should ensure that the Audit Policy is applied effectively and is continuously	1. Trust Clinical Audit Task Group to meet. • Review current Audit Policy • Agree Audit Plan (annual) • Re-audits to include	May 2003 April 2003 May	Medical Advisor	1. The Clinical Audit Task Group has met on three occasions and has developed Terms of Reference for the group. It has also developed a Clinical Effectiveness Strategy, which has been approved by the Standard Committee and is going to the Trust Board on the 29th July 2003. It is in the process of developing a	X	

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	audit with time scales, nominated leads and named auditors.	monitored – showing immediate results rather than in retrospect. .	JRCALC and MINAP • Contribute to local and National Audit programmes 2. Review membership to ensure stakeholder involvement and other audit professionals 3. Adopt the "Principles for Best Practice in Clinical Audit" to developed clinical audit within the Service	2003 Ongoing June 03 May 2003		annual programme for clinical audit and a communication package for staff. This will be completed by June 2003 3. The Terms of Reference have been reviewed to address this action and are awaiting approval within the new management arrangements. The group are still working under these Terms of References. 3. The "Principles for Best Practice in Clinical Audit" are being reviewed by the Group to developed clinical audit within the Service and will be complete by July 2003.	 X X	
7 SC	The trust should develop an education and training strategy that includes all aspects of education, training and continuous personal and professional development	To develop a comprehensive annual T&D Policy (longer-term where necessary)	1. Employ a dedicated Training and Development Manager 2. Training and Development Manager to develop and implement a T&D Strategy in conjunction with key stakeholders	May 2003 September 2003	HR Director HR Director/T&D Mgr.	1. An Education and Training Manager was appointed in May 2003. 2. The Training and Development Strategy has been developed and will be Board approved in July 2003.	XXX X	
8 SC	The trust needs to ensure the local ambulance and paramedic steering committee meetings are held on a more frequent, regular	To improve the effectiveness of the LAPSC to support the trust in developing and improving patient care	1. Recruit a Medical Advisor. 2. Medical Advisors to establish a concise annual programme for the LAPSC 3. Medical Advisor to "Chair" the LAPSC	May 2003 April/May 2003 April 2003	Director Hampshire Ambulance	1. This appointment has been made with Charles Deakin being appointed the Service's Medical Director. 2. The Medical Director is reviewing the LAPSC Committee membership and Terms of Reference. Due to the late appointment of the MD this work will not be completed until September 2003. 3. The Medical Director will possible appoint a Chair person through the new LAPSC and may not be completed until September 2003 due to the late appointment of the	XXX X X	

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	basis.							
9 PPI	The trust needs to continue the establishment of a patient forum.	To further develop Hampshire Ambulance's relationship with the now established Patient's Forum.	1. Election of a representative of the Patient's Forum to the Trust Board. 2. PALs Manager to continue to manage the process of working with the Patient's Forum on behalf of the Trust. 3. Explore the possibility of hosting, as an interim arrangement, the Pathfinder Forum for a local Trust	March 2004 Ongoing August 2003	PALs Manager PALs Manager CEO	1. This is still to be agreed by the Department of Health and is unclear how this will be moved forward. 2. The PALS Manager attends all meetings with the Patient's Forum on behalf of the Trust. 3. The Pathfinder forum has been funded until November/December 2003 until the new arrangements have been implemented.	X XXX X	
10 PPI	The trust needs to ensure that the complaints system captures all complaints, and that staff are made aware of and attend training.	Improve effectiveness of the complaints procedure and staff's awareness of the procedure by means of effective communications.	1. On completion of complaint, Complaint Manager to supply 'sign off' document to IO. This will include copies of resolution for all involved. Complaint cannot be signed off until all required action taken. 2. The Trust must make all efforts to achieve 'reasonable best' to ensure all complaints captured. 3. All members of staff who may be required to investigate a complaint must receive training on the investigation and management of a complaint 4. Use of Ulysees Safeguard to parallel to Risk Management System to identify links in complaints. 5. Review the effectiveness of communicating the complaints procedure to staff, by either inclusion on all induction and	January 2003 February 2003 Ongoing June 2003 April 2003	Complaints Admin. Medical Advisor Complaints Admin.	1. All complaints are signed off when the complaints manager receives the paper work from the Investigating Officer signed by staff acknowledging receipt of the resolution letter. 2. The Trust has placed the complaints procedure in its Staff Handbook which is held on each station. It also has placed the procedure in the Trust's Public Folders. 3. All Operational Managers have received training in the complaints procedures and investigation. 4. The Ulysses system will need to be contented to the Central Logistic Unit in July 2003 then we can identify any complaints to incident reporting. 5. The Complaints and PALS Officer attend Induction Training and some PP Courses. The PALS Officer has recently conducted station visits to promote the PALS Service. A Leaflet	XXX X XX X XX	

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			PP courses, communicating via leaflet, or cascading via Operational Managers etc.			for Complaints is being developed and will be completed by August 2003.		
			6. PALS Manager to attend, Complaints Review, Clinical Advisory Group and Standards Committee.	May 2003	PALS Manager	6. The PALS Officer attends all Complaints Reviews and the Standards Committee.	XX	
11 PPI	The trust needs to further develop patient satisfaction surveys and ensure that feedback from the surveys leads to learning and change.	To develop and effective programme of patient satisfaction surveys across all areas of the Trust.	1. PALs Manager to develop a programme of patient satisfaction surveys for the next 12 months.	January 2003	PALs Manager	1. A patient survey programme has been implemented by the PALS Managers. A survey will be conducted on E&U annually and PTS will also be conducted on an annual basis.	XX	
			2. Data from surveys already undertaken to be collated, conclusions drawn and information cascaded to managers and used as an improvement tool and results communicated via the Clinical Governance Annual Report.	March 2003	PALs Manager	2. The E&U survey has been conducted and the results fed into a Patient Survey Report. This has been to the Standards Committee and published. This will be added to the Annual Report.	XX	
			3. Perform annual Patient Surveys from E&U and PTS and then as 2 above. E&U to be divided into 3 areas, each area annually. PTS to remain a split between Portsmouth and Southampton contracts.	Annually/Linked to Performance Management Group Meetings.	PALs Manager	3. As above and on going	X	
12 PPI	The trust needs to ensure that community first responders are clear about their roles and responsibilities and those	All first responders are aware of the role and responsibilities required by the Trust's Community First Responder Schemes	1. Ensure every member has a Community First Responder Handbook detailing their role and responsibilities	April 2003	First Responder Co-ordinator	1. The Trust has reviewed the Community First Responder Handbook detailing their role and responsibilities. This will be reissued to all CRF in August 2003.	XX	
			2. Develop a Community First Responder memorandum of understanding detailing the roles and responsibilities	August 2003		2. The Community First Responder memorandum of understanding detailing the roles and responsibilities has been added to the Community First Responder Handbook with a agreement to sign and return on receipt.	XX	

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	of the trust.		3. Re-enforce the Community First Responders role within all training sessions	March and ongoing		3. Training is being provided every six months and this has been added to the training programme. During the up date training the CFR re-sign to say that they sign to say they agreed to abide by the Scheme Handbook.	XX	
13 RM	The Trust needs to ensure that ambulance crews that attend emergencies include a qualified paramedic or technician.	Ensure trainees are always with a qualified paramedic or technician	1. Clear and appropriate instructions for the identification of appropriate skill mix to be issued to Resource Centre, Communications Centre and Operational Stations.	March 2003	D of R&F Resource Centre Manager	1. A guidance memo has been issued to the Resource Centre, Communications Centre and Operational Stations. Stating no Trainee Technician to be allocated together.	XX	
			2. Crew will log on to Communications Centre specifying skill mix of their crew. To identify shortfalls and appropriate actions to be taken.	March 2003	Comms Centre Manager	2. The crew identify the skills mix through the Communication Centre and short falls dealt with by the Communication Centre Manager. Since the 9th May 2003 an audit trial has been conducted and no Trainee Technicians have been identified working together.	XX	
			3. Implement policy for guidance on appropriate skill mix for E&U, RRV and Intermediate Care. To monitor and prevent trainee technicians being crewed inappropriately.	March 2003	Resource Centre Manager	3. All Trainee Technicians are allocated rota positions on Technician Line on each Ambulance Station. Qualified Technician are allocated places on Technician Lines and Paramedic lines were there are vacancies. This prevents the roistering of Trainee Technicians working together. Paramedics and allocated to Paramedic Lines. A policy document is being developed and will be complete by July 2003.	XX	
14 RM	The Trust needs to ensure that crews and first responders are allocated radios that work.	One working hand portable VHF or UHF per crew member or responder First responder individual VHF radio Explore other	1. Ensure that all existing radio communications equipment is fit for the purpose.	April 2003	D of R&F	1. Working with the Trust's engineer the Communications Equipment is regularly serviced and repaired when reported.	XX	
			2. Ensure that users to report defects promptly and the appropriate mechanisms are in place to monitor and review progress to improve the availability of communications equipment.	May 2003	Matthew Thomas	2. There is a reporting mechanism for reporting defects through the Communications Centre. Staff have been reminded of the system and the information is being collected by the Critical System Manager.	X	

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		forms of communications	3. Investigate the feasibility of docking stations and chargers on vehicles	November 2003		3. This will require significant funding to install and will be reviewed later in the year.	X	
			4. Review the communication equipment to support the Community First Responder initiative and implement findings	Sept 2003	First Responder co-ordinator	4. The Community First Responders have reviewed the communication equipment and have invested in mobile phones and text massaging. This is operated by the communication centre but requires funding to install the software package into the IT system.	XX	
15 RM	The Trust needs to implement and monitor a robust system of vehicle maintenance	To ensure that vehicles are serviced regularly and that defects are rectified in a timely manner.	1. Service schedule, vehicle breakdowns and allocation of vehicles for the fleet to be implemented and managed by a member of the Fleet Department working within the Resource Centre.	January 2003	Fleet Manager	1. A dedicated member of the fleet department has been placed within the Vehicles Office with a direct line to the Resources Centre. A new vehicle scheduler has been developed and will be operational by July 2003. With all operational service being serviced over a six to eight week period.	XXX	
		Need for sufficient resources and staff Long term = Depots where 24 hour support is available	2. Place stickers in all service operational vehicles to identify when the vehicle in due for next service.	March 2003	Fleet Manager	2. During the above six to eight week period the stickers will be placed on all vehicles to identify when the vehicle in due for next service. Sticker have been order and are ready to be applied.	X	
			3. Put process in place to ensure that crews report defects promptly. Implement the Care of Service vehicles Policy.	June 2003	Director of Finance	3. A vehicles policy has been developed and Board approved for the Care and Maintenance of Operational Vehicles. This included the policy on reporting defects which are faxed to and monitored by the allocated person within the Vehicles Department.	XX	
16 RM	The Trust needs to create a transparent culture	Share best practice across the Service Shared levels of responsibility	1. Implement the Communications Strategy to develop communications within the Trust and monitor the principles within the document.	June 2003	Medical Adviser	1. The Communications Strategy has been Board approved. It will be the task of the Communications Manager to implement the strategy when appointed within the new structural arrangements September 2003.	X	
	NHSD = Fair and objective blame culture	No blame transparent culture – If something happens and	2. Ensure that all staff have fair access to training opportunities and that training courses and information is accessible.	April 2003	Clinical governance lead	2. The Education and Training Manager has developed systems to access training and development opportunities. These will be published to staff through July 2003.	XX	
			3. Ensure that there is an	June	Health &	3. The Operational Manager investigates all	X	

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		goes wrong what can the Trust do to help	appropriate feedback mechanism on all clinical and non-clinical incidents are communicated to staff in a timely manner.	2003	Safety Officer	incidents within their area of responsibility. They receive a copy of the incident report when completed they provide feedback to staff on the outcome of the incident. The Operational Managers received training in incident reporting in March 2003.		
17 RM	The Trust must ensure that critical incidents are analysed and trends identified and acted upon.	Systems in place to analyse and monitor trends and act on those identified	1. To implement Ulysses to analyse critical incidents to identify trends and produce regular reports to the Standards Committee	March 2003	Medical Adviser	1. Due to the relocation to the Central Logistics Unit for the Clinical Governance Lead and the Health and Safety Officer. The Ulysses system is not yet installed in the unit. This is being worked on and will be available in August 2003.	X	
			2. Develop a system to act on trends to prevent recurrence of critical incidents	March 2003	Clinical governance Lead	2. This will be effective once the Ulysses system is in place. We have manually developed trends and provided reports to the Standards Committee and Trust Board. These have been made available to staff.	X	
18 RM	The Trust needs to develop a risk assessment tool for staff to use in stations, call centres and vehicles.	To re-examine local incident occurrence To provide staff with the means of carrying out local risk assessments, by provision of a risk assessment tool with instructions for use and training To obtain a greater awareness and understanding of risk identification,	1. To review and identify training needs for the Trust's Risk Assessment Tool and develop and deliver an integrated programme for training for appropriate managers and staff.	June 2003	Medical Advisor	1. The Trust has a risk assessment tool which has been Board approved. The tool has been used on health and safety risk assessments and on the Mobi Med 12 leads ECG system. The risk assessment tool needs some further development and workshops are being arranged for September 2003.	X	
			2. Develop a reporting mechanism to the Standards Committee to address risks identified at a local at a level via the Trust's Risk Register.	September 2003	Clinical Governance Lead	2. The Trust Risk Register and incident reporting has been developed and is a standing item on the Standards Committee agenda. The next meeting of the Standards Committee is the 4th September 2003 and the register and incident reporting will be reported discussed.	X	

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		assessment and controls by staff						
19 C A	The trust needs to take action to ensure that recommended changes in practice are disseminated to staff, and that reaudits are undertaken to monitor compliance.	Trust to ensure that the Audit Policy supports operational practice and is fully implemented	1. Review effectiveness of CNST Policy (Peer review) through regular monitoring within the operational management structure	June 2003	Medical Advisor	1. This will be reviewed in line with the introduction of Clinical Team Leaders when the new structural arrangements are in place January 2004.	X	
			2. Develop the role of clinical supervisors and operational trainers.	May 2003		2. This will be reviewed in line with the introduction of Clinical Team Leaders when the new structural arrangements are in place January 2004.	X	
			3. Secure funding for staff and IT support (IT 15K) for role (1½ WTE)	May 2003		3. Within the new Structure there is a Clinical Audit Manager, Clinical Effectiveness Manager and a DATA inputted. These roles should be filled by August 2003.	X	
			4. Develop clinical effectiveness role (1 WTE) with HR	June 2003		4. As for 3 above.	X	
			5. Develop job description for data, audit input management processes with HR	May 2003		5. A job description for an Audit Manager and Data Inputted have bee completed.	X	
			6. Develop clinical effectiveness strategy and submit to Trust Board	August 2003		6. The Trust's Clinical Effectiveness Strategy is being presented to the Trust Board ion 29th July 2003 for approval.	X	
20 CA	The trust needs to establish a link between risk management, complaints and clinical audit.	The Trust must ensure that clinical data is co-ordinated and managed through the Standards Committee.	1. Ensure feedback is given to the Standards Committee from the Clinical Advisory Groups covering Complaints, Audit and Incident reporting for review.	May 2003	Medical Advisor	1. Due to the re-structure and the implementation of the Clinical Directorate it will be beneficial to link audit with incident reporting. The complaints reporting will be included in the Standards Committee agenda and will become a standing item. Audit reports will be included once the Audit Manager is in place. These will be completed by September 2003.	X	
			2. Minutes of the Complaints review to form part of the	June 2003		2. The Clinical Advisory Group has been placed on hold until the new reporting	X	

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			Clinical Advisory Groups role with review and actions reported to the Standards Committee			arrangements have been agreed. A complaints report will go to the Next Standards Committee in September 2003.		
21 CA	Staff studying for degrees should be encouraged to choose projects that are beneficial to the trust as part of their courses.	The Trust must ensure funding and support for Degree programmes is encouraged for staff and external students.	1. Ensure that the HR Strategy for those undertaking degree programmes, funded the Organisation, undertake projects which reflect the Trust and the students requirements 2. Review links with Work force Development Confederation	May 2003 April 2003	Medical Advisor / HR Director	1. The HR Strategy is going to the Trust Board on the 29th July 2003 and addresses this action. 2. The HR department is working closely with the WDC to access funding. For example the Education and Training Manager and the ECDL is part funded by the WDC.	X X	
22 SSM	The trust needs to develop an HR strategy for all services.	To develop a comprehensive HR strategy to provide strategic directions	1. Develop a comprehensive HR Strategy for the Trust.	April 2003	HR Director	1. The Training and Development Strategy has been developed and will be Board approved in July 2003.	X	
23 SSM	The trust needs to develop and implement a lone worker policy.	To ensure a effective and safe solo worker policy is implemented	1. Set up a series of meetings to involve all disciplines across the Trust, review the requirements of the Organisation and develop a strategy for approval by the Trust Board 2. Implement and communicate the Lone Worker Policy throughout the Trust.	June 2003 July 2003	Director of Hampshire Ambulance	1. The Lone Worker Policy went to the Health and Safety Committee for discussion. It has now with the JCNC and JSSC fro discussion and approval this won't be completed till September 2003. 2. The Policy will go to the Trust Board in November 2003 and Communicated to staff by December 2003.	X X	
24 SSM	The trust needs to review the clinical supervision programme.	To implement a new supervisory structure to ensure clinical effectiveness	1. Full involvement of all staff, draw up new job descriptions with Personnel Department and agree new job specification with EFG group	Draft proposals to go to April 2003 EFG and full impleme	Director of Hampshire Ambulance	1. This has been address within the new structure. 50 Clinical Team Leaders have been identified and will replace the existing Leading Paramedic Role. It is hoped to keep to these time scales for implementation.	X	

REF	CHI ACTION POINT	OBJECTIVE	ACTION REQUIRED	TIMESCALE	ACCOUNTABILITY	PROGRESS AS AT REPORT DATE	ACTION STATUS	DOCUMENTARY EVIDENCE
				ntation by April 2004				
25 SSM	The trust needs to implement the appraisal system used in the NHS Direct site and NHS Direct Online.	To implement an annual appraisal / PDP system available to all Trust staff.	1. Employ a dedicated Training and Development Manager	May 2003	HR Director	1. An Education and Training Manager was appointed in May 2003.	XX	
			2. Implement a Training and Development Group within the Ambulance Service	April 2003	HR Director	2. The Trust has set up an IWL working group, which meets regular and has full representation of staff across the Organisation.	XX	
			3. Review the appraisal / PDP system implemented by NHS Direct. Review and adjust the process to meet the needs of the Ambulance Service	May 2003	T&D Group	3. The review has been completed on the appraisal system to be used for the ambulance service.	X	
			4. Agree who should undertake appraisals (inc. PDPs) with staff & how this can be delivered to ensure maximum impact whilst minimising impact on operational requirements	June 2003	HR Dir/Op. Dir	4. The Clinical Team Leaders and line managers will conduct the appraisal system. This has been agreed though the IWL meetings with staff. This will not take place until they are implemented in around January to April 2004. It is envisaged that an appraisal system will be	X	
			5. Develop an appraisal /PDP training package for line managers and staff	August 2003	Personnel Mgr.	5. A training package is being developed for Managers by the Education and Training Manager.	X	
			6. Communicate appraisal /PDP with staff and implement the appraisal and PDP programme	September 2003		6. This will be completed once we role out the appraisal system.	X	
26 E&T	The trust should investigate staff concerns regarding fairness in allocating training opportunities and available	To ensure that there is a transparent, fair and easily understood procedure for accessing training and dev. Monies/opportunities.	1. Provide a fair and accessible system for staff to access funding for appropriate training and development opportunities.	May 2003.	HR Director	1. The Education and Training Manager has pulled the relevant funding within the Organisation into one central location. A sy7strem has been developed and will form part of the Training and Development Strategy.	X	
			2. Agree a process for staff to apply for training and development funding	May 2003	T&D Group Lead	2. This has been discussed at the IWL meetings and a system has been developed and will be communicated in July 2003.	X	
			3. Communicate this process	June		3. Communicated in July 2003.	X	

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	resources.		to all staff measuring staff awareness and benefits to staff and the Organisation	2003 Audit January 2004				
27 E&T	The trust needs to develop and implement the use of personal development plans.	To implement an annual appraisal / PDP system available to all Trust staff.	1. Develop an appraisal /PDP training package for line managers and staff 2. Communicate appraisal /PDP with staff and implement the appraisal and PDP programme	August 2003 September 2003	HR Director	1. This is being addressed by the by the Education and Training Manager. This work will link with the appraisal system and the clinical Team Leaders. 2. This will be communicated when the initiative is rolled out.	X X	
28 CE	The trust needs to develop a clinical effectiveness strategy that clearly sets out how evidence based practice is evaluated, disseminated and implemented.	To Develop a comprehensive strategy which will ensure the effective implementation of a range of policies and processes designed to address all issues relating to evidence based practice	1. Develop and implement a comprehensive Clinical Effectiveness Strategy to the Trust Board to address the following: • To evaluate current practice against national guidelines and recommendations • To identify and quantify variances between current and recommended clinical standards • To issue personal copies of the guidelines • Implement a programme of education and training designed to address identified shortfalls in current clinical performance • Establish a programme of regular multi professional audits to monitor clinical performance	July 2003 August 2003 Sep 2003 November 2003 December 2003 February 2004	Medical Advisor	1. A Clinical Effectiveness Strategy has been developed and is being Board Approved in July 2003.	X	

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			performance • To evaluate performance data to inform the development of future best practice • Produce, issue and regularly up date personal copies of clinical standards guidelines • Rewrite all up date training packages to incorporate all changes and developments of clinical practice. • Establish a policy to ensure only registered practitioners are engaged to enhance the Trust's clinical performance • Establish a system of clinical pier review using work place mentorship and Clinical Supervisor	April 2004 Ongoing from November 2003 Ongoing from October 2003 Ongoing from April 2003				
29 CE	The trust must recommence work on the evaluation and implementation of the Joint Royal Colleges Ambulance Liaison Committee guidelines.	The Trust's Clinical Advisory Group will review and provide critical analysis of the JRCALC recommendations to ensure the Trust's ability to fully implement the guidelines	1. Review the progress to date and re-establish the work programme to its full conclusion 2. Quantify outstanding issues of training, education and physical resources 3. Ensure through a programme of re-training and procurement that all	July 2003 July 2003 As per clinical effective	Medical Advisor/LAP SC	1. The Trust has re-evaluated the JRCALC guidelines and has identified three area of work. Guidelines that can be implemented ASAP, guidelines which need further training and guidelines which need significant training and funding. 2. Training package have been developed for the JRCALC guideline ready for implementation. For example blood glucose monitoring and other drugs for Ambulance Technicians are being implemented. The guidelines have also been order and are being printed. 3. Clinical Effectiveness Strategy is waiting for Board approval.	XX X X	

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			outstanding issues are address 4. Implement guidelines via clinical effectiveness strategy (at action point one of 28)	ness strategy		 4. Clinical Effectiveness Strategy is waiting for Board approval.	 X	
30 CE	The trust needs to re-examine the procedure for calling out first responders and BASICS doctors.	Evaluate the call out criteria for BASICS and First Responders to ensure the most appropriate resource utilisation, in relation to patients clinical needs	1. Identify current criteria 2. Confirm and/or amend appropriateness of present criteria 3. Re-configure MEDIC software to ensure appropriate flagging and prompting based on clinical need (As per Warwickshire Ambulance Service) 4. Communicate criteria various responder groups 5. Implement live system and continuous monitoring and regular review	April 2003 April 2003 May 2003 May 2003 May 2003	Communications Centre Manager First Responder co-ordinator Chairman of BASICS	1. A Senior Manager within the Communications Centre has been appointed to deal with these actions. These actions will be dealt with by October 2003 2. As for one 3. If any amendments are made to the system it will take up to six for SIS to implement. 4. As for one 5. As for one	X X X X X	
31 CE	The trust needs to develop a system that informs first responders of calls that are subsequently found to be inappropriate for them.	Develop an effective system to stand down first responders once calls are deemed inappropriate for that level of response	1. Review present system to identify current system failure for example time between initial dispatch, collation of information and instruction to stand down 2. Investigate areas of potential improvement to include technology and communication processes 3. Pilot new initiative to test	July 2003 August 2003 Septem	Communications Centre Manager First Responder co-ordinator	1. Due to the introduction of the mobile telephone system for First Responders, this has reduced the time delay to standing down an inappropriate response. By ring the mobile phone. This is in the early stages and is still being monitored. 2. For the phones to be effective and use the text messaging service funding is required to implement the software into the Communications centre. Currently we rely on manual phoning which at peak times can be difficult. 3. The phones are being implemented across	XX X XX	

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			and validate the effectiveness of new procedure 4. Train on and Implement new system	ber 2003 September 2003		the Community First Responder Schemes as the funding becomes available. This is being monitored and managed by the FR Co-ordinator. 4. Training is being delivered to the First Responders. Further Training is required within the Communication Centre with the Cat A Managers. This will be completed by September 2003	 X	
32 U o I	The trust needs to use performance management data in service development.	Review the current reporting requirements to ensure information is maximised and managers and staff receive meaningful data to assist in the decision making process	1. Review the current information (performance and clinical) with line managers and staff to assess the required level of data required to enable informed decisions to be made to impact on service development. 2. Develop an information system which is accessible to all manager and staff which has the relevant information for their area of responsibility	May 2003 June 2003	Director of Finance & IT Manager	1. A review of the current information systems within the Communications Centre is being undertaken. This will provide the Trust with appropriate information and will be available by September 2003 2. Information available by September 2003.	X X	
33 U o I	The trust needs to further develop methods of disseminating information internally and externally	To improve the availability of existing performance management information providing easy access to stakeholders and other health care providers	1. Review the current information supplied and assess its relevance identifying additional information needs at the appropriate level in line with the Freedom of Information and Caldicott Guardian 2. Work with the services stakeholders and staff to assess their requirements for information with both performance and clinical data. 3. Review the format for information and establish an administrative process for performance and clinical	May 2003 May 2003 May 2003	Director of Finance, Joint Commissioning group & Information Lead	1. Information is being supplied to the Commissioning Group and PCT's through monthly reports provided by the Trust. 2. A review of the current information systems within the Communications Centre is being undertaken. This will provide the Trust with appropriate information and will be available by September 2003 3. As for 2	X X X	

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			information requirements for the trust and stakeholders within existing resources.					
			4. Review the action 1 – 3 for appropriateness review finding and implement recommendations	Sept 2003		4.	X	
34 U o l	The trust should investigate the possibility of joint training with the NHS Direct site where training needs are similar.	Review the possibility of joint arrangements with NHS Direct site to provide training in IT skills	1. Review the training provided by NHSD and assess the requirements for the ambulance service	March 2003	Director of Finance & IT Manager	1. The ECDL course is the same course that NHSD use.	X	
			2. Establish appropriate access for staff to NHSD IT and library facilities.	March 2003		2. Staff have access to the NHS Directs Library. This is communicated to all staff through the Training School.	X	
35 U o l	The trust needs to ensure all staff have the skills to access information sent by email.	Ensure that all staff are provided with appropriate skills to access information required to carry out their role, accessing information sent via the e-mail system	1. Perform a skills analysis reviewing the IT skills required against each job role within the trust and provide links with an education and training programme.	May 2003	Director of Finance	1. This work will be undertaken by the Education and Training Manager and will be completed by September 2003.	X	
			2. Perform a survey of all staff to ascertain the level of IT skills within the ambulance service.	April 2003		2. IT Survey has been completed and the results shared with staff and managers.	XX	
			3. Identify an IT Lead on each site/department to be trained and provide training at a local level.	April 2003		3. The IT Leads have been identified and will be offered the EDCL Course.	XX	
			4. Provide a training package accessible to all grades of staff.	June 2003		4. The ECDL Course will be available to all staff through the appropriate application systems. .	XX	
			5. Review the ECDL course provide through the NHS and	December 2003		5. This course has been reviewed and made		

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			its relevance for the ambulance service and it links to education and training			available to staff through the Education and Training Manager. The trust has access to the course through Totton College.	X	