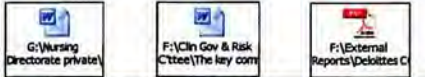


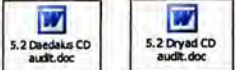




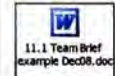



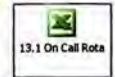






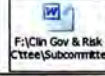
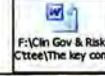

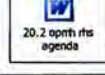
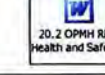
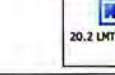
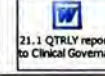


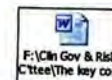


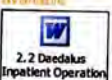






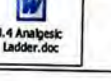



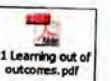

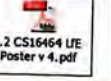


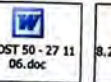
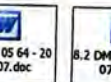


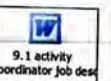
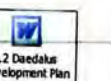



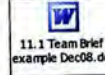
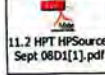

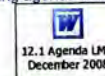




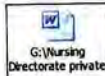

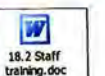
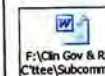

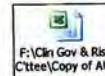
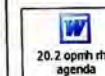
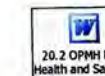
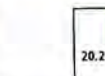
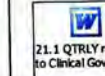
Hants Partnership NHS Trust (Collingwood [now Daedalus Ward] & Ark Royal [now Dryad Ward])

CHI Recommendation	Narrative	Evidence
<p>1 The Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth Healthcare NHS Trust in order to develop the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should ensure an appropriate performance monitoring tool is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.</p>	<p>The Trust has strong quality and governance systems for assessing and managing risk. These have been externally verified by our Internal Auditors Deloitte. Regular Directorate reports are made to the Trust's Clinical Governance &amp; Risk Committee (CG&amp;RC), based on the Standards for Better Health. Performance shortfalls are identified through various monitoring systems, including complaints, claims, PALS referrals incidents and Serious Untoward Incidents</p>	<p>1.1 An Audit Report from OPMH Clinical Governance &amp; Risk Committee report from November 2008 1.2 Governance Committee Governance Report 11 Committee Governance</p> 
<p>2 The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.</p>	<p>The OPMH Directorate has an Admissions Policy and Operational Policies (recently reviewed in preparation for the CNST assessment in Dec 08).</p>	<p>2.1 Admissions Policy 2.2 Operational Policies (to follow) 2.3 CNST Report (Final) Available</p> 
<p>3 The East Hampshire PCT and Fareham and Gosport PCT should review all local prescribing guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards.</p>	<p>A Locality Pharmacist has been appointed (based at GWMH) who monitors prescription charts three times per week. The Locality Pharmacist attends ward rounds on a rotational basis. Prescribing guidelines for mental health care are available and highlight specific issues. A new trustwide Medicine, Control and Administration Policy has been developed with training (essential training for medical and nursing staff responsible for medicines management) to support its implementation. Spot checks of drug administration and recording are carried out by Modern Matron and Locality Pharmacist. In addition, prescribing guidelines for mental health are available and highlight age-specific issues. All wards have copies of the palliative care handbook and analgesic ladder.</p>	<p>3.1 Locality Prescribing guidelines 3.2 Medicines Control Administration &amp; Prescribing Policy (MCA) 3.3 Palliative Care Handbook (Palliative Care) 3.4 Analgesic Ladder</p> 
<p>4 The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in case mix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.</p>	<p>See 3 above. In addition, annual leave and sickness cover is provided to a minimum of twice weekly chart monitoring. Access to a clinical pharmacist at other times is available via phone.</p>	<p>See 3 above</p>
<p>5 As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of all medicines on wards caring for older people. This should include a review of recent diamorphine prescribing on Sultan ward. Consideration must be given to the adequacy of IT support available to facilitate this.</p>	<p>See 3 above. In addition, JAC reports are monitored monthly and FP10 data quarterly by Clinical Pharmacist who highlights and investigates any anomalies. Controlled Drugs (CD) audits are undertaken quarterly and CD requisitions are counter-signed by Clinical Pharmacist or Doctor.</p>	<p>5.1 JAC reports quarterly 5.2 CD</p> 
<p>6 The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription, administration, review and recording of medicines for older people.</p>	<p>No GPs are involved with HPT GWMH wards. Doctors are either specialist in older people or working under the supervision of specialists.</p> <p>All doctors in training receive training on the Medicines Policy and sign to indicate they have familiarised themselves with the Trust Policy. The recent Trust audit on the Trust Medicines Policy has individual prescriber identifiers which will allow feedback to individual prescribers and their consultants or, in the case of consultants, the Medical Director. Nurse and Mental Health Practitioners receive training on the Trust's Medicines Policy and again have signed to say they have familiarised themselves with the contents. Audits on administration have been undertaken and are feedback to staff.</p>	<p>See 3 above</p>
<p>7 All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The Fareham and Gosport PCT and East Hampshire PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.</p>	<p>All complaints, comments and compliments are fed back to ward managers and ward teams. The locality work closely with the PALS team and service users/carers in order to continually improve the quality of care and to ensure learning occurs.</p>	<p>7.1 Copy of the Trust's Learning Log (Feedback to ward managers is also carried out in 1:1 supervision and therefore confidential); (We do not keep minutes of telephone discussions, email correspondence contains PID and therefore not appropriate to provide as evidence.)</p> 
<p>8 Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours.</p>	<p>HPT has a clinical policy CP 45 Dysphagia (Swallowing Disorder) Policy issued in Nov 05 and revised in June 07 (next review is June 2010). Policy includes risk assessment, competencies checklist for staff, personal post registration training log and audit checklist. However, HPT does not provide Speech and Language Therapy to OPMH in F&amp;G locality; this is done by Portsmouth city PCT. This service will be reviewed by the OPMH Clinical Governance Committee.</p>	<p>8.1 Dysphagia Policy 2007 CP45[1] (Minutes of DMT and DSB &amp; SALT report embedded as most appropriate evidence)</p> 
<p>9 Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.</p>	<p>An Activity Co-ordinator is in place on each ward. Activities are reviewed as part of the Optimum Admission Project and Productive Ward Project. Additionally local development plans in place to improve therapeutic milieu.</p>	<p>9.1 (Development programmes attached instead of minutes as show progress and areas of development)</p> 

CHI Recommendation	Narrative	Evidence
10 F&G PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the <i>Essence of Care Guidelines</i> .	The OPMH Directorate Lead for Continence Care has developed an action plan and is looking to develop a continence policy and strategy and has been in contact with the PCT to consider their policy and how it could be adapted for use within the Trust. Part of this work will involve developing detailed continence assessment tools with a longer term view to auditing this work. She will also link with the other Directorates in the development of this work. The Trust has agreed to establish a Nutritional Steering group working within the clinical governance framework. OPMH will be active members of this group which will take a lead role in addressing issues related to food, fluid and nutrition throughout the organisation. The group will lead on the implementation of national standards and guidelines relating to food and nutrition throughout the organisation. It will provide overall strategic direction for nutritional care whilst overseeing implementation.	<p>10.1 Continence - An OPMH lead for implementing NICE continence guidelines has been identified once the Trust wide lead is in place this will be taken forward. Nutrition - A nutritional Steering group has been established and the first meeting is in February TORs are attached.</p> 
11 Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.	Team Brief, HP Source (Staff newsletter), Team and Locality Meetings, including LMT (members feed back from LMT to colleagues) are all examples of how the trust and locality communicate effectively.	<p>11.1 Team Brief, 11.2 Staff Newsletter, 11.3 Agendas/minutes from team and locality meeting (Agenda from LMT many of the items are standing agenda items eg feedback from meetings team brief).</p>   
12 Within the framework of the new PALS, PCTs should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to improve communication with older patients and their relatives and carers.	There are a variety of Service/user carer groups in the Locality and a lead for user carer/involvement.	<p>12.1 Lead for user carer/involvement (see 12.1 job description) (There is no job description it is not a separate post but a lead responsibility. Attached is an example of an LMT agenda service users/carers a standing agenda item)</p> 
13 The provision of out of hours medical cover to Daedalus, Dryad and Sultan wards should be reviewed. The deputising service and PCTs must work towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework.	The PCT on call system supports HPT's wards for medical issues. Psychiatric on-call is obtained from a local rota.	<p>13.1 On Call Rota</p> 
14 The Fareham and Gosport PCT and East Hampshire PCT should ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.	See 2 above. A Directorate Admissions Procedure is in place.	
15 Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	A full time modern matron has recently been appointed to GWMH OPMH wards.	<p>15.1 Generic Modern Matron job</p>  <p>15.1 Modern Matron KSF</p> 
16 The Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs.	N/A for HPT.	
17 Fareham and Gosport PCT and East Hampshire PCT should ensure that the learning and monitoring of actions arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.	See 7 above. The Trust issues an annual report entitled 'Learning from Experience'. In addition, quarterly reports are submitted to CG&RC which consider the key themes arising out of PALS referrals, complaints, incidents and claims; a claims report is submitted to CG&RC twice each year and PALS and Complaints submit a joint quarterly report to CG&RC.	<p>G:\Nursing Directorate\private\</p>  
18 Both PCTs involved in the provision of care for older people should ensure that all staff working on Dryad, Daedalus and Sultan wards who have not attended customer care and complaints training events do so. Any new training programmes should be developed with patients, relatives and staff to ensure that current concerns and the particular needs of the bereaved are addressed.	Training in Complaints has been available across HPT for some time. Customer Care training has been available since the beginning of 2008. All training was stopped by F&G PCT prior to services transferring to HPT. A catch-up programme has been in place to address mandatory and statutory training. Some, but not all, staff members have attended this training.	<p>18.1 GWMH staff training in various c</p>  <p>18.2 Staff training.doc</p> 
19 The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.	The Trust has robust clinical governance arrangements in place, which are monitored annually via internal audit.	<p>F:\Clin Gov &amp; Risk C\tee\Subcommittee</p>  <p>F:\Clin Gov &amp; Risk C\tee\The key com</p>  <p>F:\Clin Gov &amp; Risk C\tee\Copy of AUD</p> 
20 All staff must be made aware that the completion of risk and incident reports is a requirement for all staff. Training must be put in place to reinforce the need for rigorous risk management	There is a robust system for recording and monitoring risk events, and every report is reviewed by the Trust's Risk, Health & Safety Advisor. There is a Risk Training Needs analysis matrix, and training is available to staff via the Trust's website, uptake of risk training is monitored by the Trust's Management Team. Health and Safety issues and trends are also monitored via the Locality Management Team (LMT) and the Directorate Risk, Health and Safety meeting.	<p>20.2 oprth rts agenda</p>  <p>20.2 OPMH Risk Health and Safety R</p>  <p>20.2 LMT agenda</p> 
21 Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to ensure that appropriate action is taken.	There are robust systems in place to identify risks and perform root cause analysis for serious untoward incidents. The Directorate provides quarterly risk reports to the Trust's Clinical Governance & Risk Committee. Both Risk and Quality are standing agenda items at LMT. These matters are also discussed at the Directorate's Risk, Health and Safety Meeting.	<p>(see 18.1) above</p> 
22 The Fareham and Gosport PCT and East Hampshire PCT should consider a revision of their whistle blowing policies to make it clear that concerns may be raised outside of normal management channels.	The Trust has a policy HRP 1: Voicing a Concern (version 4) last reviewed Aug 07 and next due for review Aug 2010 which makes it clear that concerns may be raised outside of normal management channels. In addition, the Locality Manager meets regularly with staff side representative.	<p>(These are confidential meetings and minutes are not kept)</p> 

Hants Partnership NHS Trust (Collingwood [now Daedalus Ward] & Ark Royal [now Dryad Ward])

CHI Recommendation	Narrative	Evidence
1 The Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth Healthcare NHS Trust in order to develop the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should ensure an appropriate performance monitoring tool is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.	The Trust has strong quality and governance systems for assessing and managing risk. These have been externally verified by our Internal Auditors Deloitte. Regular Directorate reports are made to the Trust's Clinical Governance & Risk Committee (CG&RC), based on the Standards for Better Health. Performance shortfalls are identified through various monitoring systems, including complaints, claims, PALS referrals incidents and Serious Untoward Incidents	<p>1.1 An example of the OPMH Clinical Governance &amp; Risk Committee report from November 2008 Key governance activities (operational trust) 1.3 Deloitte audit report</p>   
2 The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.	The OPMH Directorate has an Admissions Policy and Operational Policies (recently reviewed in preparation for the CNST assessment in Dec 08).	<p>2.1 Admissions Policy 2.2 Operational Policies (this was sent electronically only on 7.1.09) 2.3 CNST Report (when available)</p>  
3 The East Hampshire PCT and Fareham and Gosport PCT should review all local prescribing guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards.	A Locality Pharmacist has been appointed (based at GWMH) who monitors prescription charts three times per week. The Locality Pharmacist attends ward rounds on a rotational basis. Prescribing guidelines for mental health care are available and highlight specific issues. A new trustwide Medicine, Control and Administration Policy has been developed with training (essential training for medical and nursing staff responsible for medicines management) to support its implementation. Spot checks of drug administration and recording are carried out by Modern Matron and Locality Pharmacist. In addition, prescribing guidelines for mental health are available and highlight age-specific issues. All wards have copies of the palliative care handbook and analgesic ladder.	<p>3.1 Copy of prescribing guidelines 3.2 Medicines Control Administration &amp; Prescribing Policy CP 41 3.3 Palliative Care Handbook (hard copy only) 3.4 Analgesic ladder</p>       
4 The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in case mix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.	See 3 above. In addition, annual leave and sickness cover is provided to a minimum of twice weekly chart monitoring. Access to a clinical pharmacist at other times is available via phone.	See 3 above
5 As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of all medicines on wards caring for older people. This should include a review of recent diamorphine prescribing on Sultan ward. Consideration must be given to the adequacy of IT support available to facilitate this.	See 3 above. In addition, JAC reports are monitored monthly and FP10 data quarterly by Clinical Pharmacist who highlights and investigates any anomalies. Controlled Drugs (CD) audits are undertaken quarterly and CD requisitions are counter-signed by Clinical Pharmacist or Doctor.	<p>5.2 Report from quarterly CD audit</p>  
6 The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription, administration, review and recording of medicines for older people.	No GPs are involved with HPT GWMH wards. Doctors are either specialist in older people or working under the supervision of specialists.  All doctors in training receive training on the Medicines Policy and sign to indicate they have familiarised themselves with the Trust Policy. The recent Trust audit on the Trust Medicines Policy has individual prescriber identifiers which will allow feedback to individual prescribers and their consultants or, in the case of consultants, the Medical Director. Nurse and Mental Health Practitioners receive training on the Trust's Medicines Policy and again have signed to say they have familiarised themselves with the contents. Audits on administration have been undertaken and are fed back to staff.	See 3
7 All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The Fareham and Gosport PCT and East Hampshire PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.	All complaints, comments and compliments are fed back to ward managers and ward teams. The locality work closely with the PALS team and service users/carers in order to continually improve the quality of care and to ensure learning occurs.	<p>7.1 Copy of feedback to ward managers via learning out of concerns (Feedback to ward managers is also carried out in 1:1 supervision and therefore confidential); 7.2 Copy of minutes as detailed in all patient areas (We do not keep minutes of telephone discussions, email correspondence contains PID and therefore not appropriate to provide as evidence)</p>     
8 Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours.	HPT has a clinical policy CP 45 Dysphagia (Swallowing Disorder) Policy issued in Nov 05 and revised in June 07 (next review is June 2010). Policy includes risk assessment, competencies checklist for staff, personal post registration training log and audit checklist. However, HPT does not provide Speech and Language Therapy to OPMH in F&G locality; this is done by Portsmouth city PCT. This service will be reviewed by the OPMH Clinical Governance Committee.	<p>8.1 Dysphagia Policy 2007 CP45(1)</p>  <p>8.2 Report on SLT provision in OPMH</p>   
9 Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.	An Activity Co-ordinator is in place on each ward. Activities are reviewed as part of the Optimum Admission Project and Productive Ward Project. Additionally local development plans in place to improve therapeutic milieu.	<p>9.1 Activity coordinator job desc</p>   

CHI Recommendation	Narrative	Evidence
10 F&G PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the <i>Essence of Care Guidelines</i> .	The OPMH Directorate Lead for Continence Care has developed an action plan and is looking to develop a continence policy and strategy and has been in contact with the PCT to consider their policy and how it could be adapted for use within the Trust. Part of this work will involve developing detailed continence assessment tools with a longer term view to auditing this work. She will also link with the other Directorates in the development of this work. The Trust has agreed to establish a Nutritional Steering group working within the clinical governance framework. OPMH will be active members of this group which will take a lead role in addressing issues related to food, fluid and nutrition throughout the organisation. The group will lead on the implementation of national standards and guidelines relating to food and nutrition throughout the organisation. It will provide overall strategic direction for nutritional care whilst overseeing implementation.	<p>Continence - An OPMH lead for implementing NICE continence guidelines has been identified, once the Trust wide lead is in place this will be taken forward. Nutrition - A nutritional Steering group has been established and the first meeting is in February TORs are attached.</p> 
11 Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.	Team Brief, HP Source (Staff newsletter), Team and Locality Meetings, including LMT (members feed back from LMT to colleagues) are all examples of how the trust and locality communicate effectively.	<p>11.1 Team Brief 11.2 Staff newsletter 11.3 Agenda/notes from team and locality meetings. (Agenda from LMT many of the items are standing agenda items eg feedback from meetings team brief)</p>   
12 Within the framework of the new PALS, PCTs should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to improve communication with older patients and their relatives and carers.	There are a variety of Service/user carer groups in the Locality and a lead for user carer/involvement.	<p>12.1 Job description for user carer involvement lead's post. (There is no job description it is not a separate post but a lead responsibility. Attached is an example of an LMT agenda service users/carers is a standing agenda item)</p> 
13 The provision of out of hours medical cover to Daedalus, Dryad and Sultan wards should be reviewed. The deputising service and PCTs must work towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework.	The PCT on call system supports HPT's wards for medical issues. Psychiatric on-call is obtained from a local rota.	<p>13.1 Copy of rota</p> 
14 The Fareham and Gosport PCT and East Hampshire PCT should ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.	See 2 above. A Directorate Admissions Procedure is in place.	
15 Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	A full time modern matron has recently been appointed to GWMH wards.	<p>15.1 Generic Modern Matron Job 15.1 Modern Matron KSF</p>  
16 The Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs.	N/A for HPT.	
17 Fareham and Gosport PCT and East Hampshire PCT should ensure that the learning and monitoring of actions arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.	See 7 above. The Trust issues an annual report entitled 'Learning from Experience'. In addition, quarterly reports are submitted to CG&RC which consider the key themes arising out of PALS referrals, complaints, incidents and claims; a claims report is submitted to CG&RC twice each year and PALS and Complaints submit a joint quarterly report to CG&RC.	<p>G:\Nursing Directorate private\ G:\Nursing Directorate private\</p>  
18 Both PCTs involved in the provision of care for older people should ensure that all staff working on Dryad, Daedalus and Sultan wards who have not attended customer care and complaints training events do so. Any new training programmes should be developed with patients, relatives and staff to ensure that current concerns and the particular needs of the bereaved are addressed.	<p>Training in Complaints has been available across HPT for some time. Customer Care training has been available since the beginning of 2008.</p> <p>All training was stopped by F&amp;G PCT prior to services transferring to HPT. A catch-up programme has been in place to address mandatory and statutory training. Some, but not all, staff members have attended this training.</p>	<p>18.1 GWMH staff training in various of 18.2 Staff training.doc</p>  
19 The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.	The Trust has robust clinical governance arrangements in place, which are monitored annually via internal audit.	<p>F:\Clin Gov &amp; Risk C'ttee\Subcommittee F:\Clin Gov &amp; Risk C'ttee\The key com F:\Clin Gov &amp; Risk C'ttee\Copy of AUD</p>   
20 All staff must be made aware that the completion of risk and incident reports is a requirement for all staff. Training must be put in place to reinforce the need for rigorous risk management	There is a robust system for recording and monitoring risk events, and every report is reviewed by the Trust's Risk, Health & Safety Advisor. There is a Risk Training Needs analysis matrix, and training is available to staff via the Trust's website, uptake of risk training is monitored by the Trust's Management Team. Health and Safety issues and trends are also monitored via the Locality Management Team (LMT) and the Directorate Risk, Health and Safety meeting.	<p>20.2 oph rts agenda 20.2 OPMH Risk Health and Safety R 20.2 LMT agenda</p>   
21 Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to ensure that appropriate action is taken.	There are robust systems in place to identify risks and perform root cause analysis for serious untoward incidents. The Directorate provides quarterly risk reports to the Trust's Clinical Governance & Risk Committee. Both Risk and Quality are standing agenda items at LMT. These matters are also discussed at the Directorate's Risk, Health and Safety Meeting.	<p>(see 18.1) above.</p> <p>21.1 QTRLY report to Clinical Govern</p> 
22 The Fareham and Gosport PCT and East Hampshire PCT should consider a revision of their whistle blowing policies to make it clear that concerns may be raised outside of normal management channels.	The Trust has a policy HRP 1: Voicing a Concern (version 4) last reviewed Aug 07 and next due for review Aug 2010 which makes it clear that concerns may be raised outside of normal management channels. In addition, the Locality Manager meets regularly with staff side representative.	<p>(These are confidential meetings and minutes are not kept)</p> <p>22.1 Voicing a concern/pp policy[1</p> 