CHI INVESTIGATION INTO GOSPORT WAR MEMORIAL HOSPITAL
Winmax File

A. Trust Strategic

A1 Leadership: Approach and role of chief executive; culture of trust

A2 Accountabilities: Role of trust board; accountability to regional office

A3 Direction & Planning: broad strategic planning including Service & Financial Framewoks (SaFFs); key priorities during investigation period

A4 Health Economy Partnerships: eg policy on, and work with, acute trust, health authority, social services, primary care, nursing homes

A5 Patient and Public Partnership: eg consultation with public about trust planning; use of patient surveys; involvement of community health council

B Service Strategic

B1 Leadership: Include under this code any information you may receive about direction of elderly peoples' care at the trust. Is leadership solely from the consultant or is it shared with senior nurses and/or managers?

B2 Accountabilities: What systems are used to report internally and externally about the care of older people at the trust?

B3 Direction & Planning: Any information about planning for the care of older people should be included under this code. Who does it? How is it done?

B4 Service performance management: How is it managed, against which targets and by whom? What is the system for recording and reporting adverse incidents internally and externally? Is it understood by key staff?

C Quality

C1 Staff attitude: eg staff morale ; view of trust leadership; attitude toward patients

C2 Effectiveness & Outcomes: eg examples of ensuring appropriate rehabilitation for patients

C3 Access to Services: eg access to occupational, physiotherapy

C4 Organisation of Care: access to X-Ray, pathology and other diagnostic services; handover arrangements

C5 Humanity of Care: eg kindness and compassion; policy and practice in making patients and relatives comfortable (tea for relatives, reading material for patients, TV and radio); privacy and dignity of patients and their relatives; ensuring that patients given their own clothes; help with basic activities

like feeding, using the lavatory; responding to patient requests for help
C6 Environment: ie cleanliness, attractiveness and comfort of wards and lounges; regular cleaning and maintenance
C7 Positive patient experience: Include under this code any examples you may be given of good treatment of patients, particularly those that may have been acknowledged in writing.
C8 Negative patient experience: Examples of unsafe, uncaring or negligent treatment of patients.

D <u>Staffing and Accountability</u>
D1 Workforce and Service Planning: How has the staffing of the older people's wards been planned and managed? What criteria or guidelines have been used in this planning?
D2 Medical Accountability: accessibility of consultants and clinical assistants; attendance of doctors on wards and involvement in care of patients
D3 Nursing Accountability: nurse cover on wards: how many and roles of different nurses; handover arrangements
D4 Allied Health Professionals Accountability: role of AHPs on three wards; involvement in planning for individual patient care and rehabilitation programmes
D5 Other Staff Accountability: middle management involvement in three wards; porters; reception and catering staff; chaplain
D6 Out of hours arrangements: How do they work in practice? Experience with Healthcall doctors; are arrangements known and understood by staff, patients and relatives
D7 Team Working (within teams): Nursing team work arrangements: how do they work; what is the level of co-operation? How is conflict/disagreement within the team managed?
D8 Team Working (between teams): How do the allied health professionals work with the nursing staff on the wards (regular meetings, consultation about procedure?); medical team working relationship with the nursing staff/AHPs
D9 Staff Welfare: eg staff counselling services, support from union; trust support for staff through ensuring humane working hours (compliance with European Working Time Directive); family-friendly work arrangements
D10 Recruitment & Retention: any problems in recruiting skilled staff locally? sickness and turnover; exit interviews

D11 Performance Management: Appraisal of staff; anything about the IPR process; work targets and objective setting; management of poor performance; grievances

E Guidelines

E1 Patient transfer: eg policy between GWM and other hospitals about transfer of patients; management of patients during transfer

E2 Do Not Resuscitate policy: is it recorded, and known to ward staff? Is it discussed with patients and their relatives?

E3 Palliative care: ***For E3,4 & 5,note down any information about the guidelines and procedures for care of the dying patient, and for the rehabilitation and continuing care of patients on the three wards.***

E4 Rehabilitation: See E3

E5 Continuing care: See E3

E6 Nutrition: any matter relating to the provision of food and drink to patients, orally or by IV drip; also include anything about mouth swabbing

E7 Patient records

E8 Continence: eg catheterisation of patients; use of commode/bedpan; assistance in using the toilet

E9 Trust performance management: CHI needs to be aware of any guidelines against which the performance of this trust is managed either through the health authority or regional office.

E10 Consent: trust policy on consent & practice in seeking it from patients and relatives

E11 Control of infection: eg segregation of patients when infection identified; ward or trust procedures on management of MRSA

F Drugs

F1 Prescribing: trust procedures for ensuring appropriate prescription; system for taking prescription instructions from doctors by telephone, fax or email; adherence to prescribed protocols and guidelines

F2 Administration: Responsibility for giving drugs (who can do it and to whom are they accountable?); adherence to trust/health authority/national guidelines and protocols; management of errors in administration of drugs

F3 Review: eg doctors checking that drug prescription was right or if any nurse concerns re effect of drugs; is checking of prescriptions done routinely?

F4 Recording: eg note of doctor's telephone instructions for prescription recorded by nurse; instructions or information about prescriptions from

sending hospital, GP or nursing home; maintenance of drug Codexes

G Communication

G1 Patients: eg oral and written communication with patients; consultation with patients about their care; informing patients about their treatment and care

G2 Relatives & Carers: eg oral and written communication with relatives/carers; consultation with them about their care; informing patients about treatment and care of their sick relatives

G3 Primary Care: eg systems for keeping GPs informed the admission, care and discharge of their patients; systems for keeping LMC and PCG abreast of changes in procedure, key matters affecting care of the elderly at GWM, particularly concerns about issues like out of hours cover, transfer from acute trusts and discharge

G4 Acute: Any information about liaison between GWM and the main acute trusts in the area (ie Queen Alexandra, Haslar and St Mary's). How do staff in charge of older peoples' care at GWM learn about bed pressures in the acute sector and about intended transfer of patients?

G5 Health Authority: liaison between trust and health authority through meetings or other means

G6 Haslar: regular meetings/other exchange of information; agreed policies and procedures

G7 Social services: informing them about admission, transfer and discharge of patients

G8 Nursing homes: How does GWM keep informed about bed availability in local homes? Any visiting of ward by nursing home staff?

G9 Staff: Examples of how staff are kept informed of trust policy and wider developments in the health economy; consultation with staff about changes in trust policy

H End of Life

H1 Patient Care: How is the dying patient cared for?
H2 Relatives & Carers: Breaking the news to relatives (practical examples of how this has been done at GWM); supporting relatives sensitively and compassionately
H3 Staff: Support for staff caring for dying patients
H4 Cultural & spiritual needs: Role of the chaplain; catering for patients and relatives of different faiths

I Supervision and training

11 Medical: Include under this code any evidence about supervision of the consultant (eg by medical director) appraisal of consultants (ie for revalidation or by medical director); also include information about any CME/CPD in gerontology for medical staff. What arrangements are made for supervising clinical assistants, new staff grade doctor and locums? What are the reporting arrangements?
12 Nursing: How are nurses supervised on the wards? How are their training needs determined? Is their training linked to complaints or untoward incidents on the wards?
13 Allied Health Professionals: Include here any evidence about training for occupational and physiotherapists and about their reporting arrangements.
14 Other Staff: Include here any information about training for managers that may be relevant to the care of patients on the 3 wards as well as staff in portering, catering and administration. Who do A&C, catering and portering staff report to?
15 Induction: Include here any information about induction for all categories of staff including sessional and temporary staff.
16 Mandatory training: Include here training which must be undertaken to meet the requirements of professional bodies (royal colleges etc) and courses which the trust requires staff to attend.
17 Joint training: Include here evidence about multi-disciplinary courses or those which a range of staff were required or encouraged to attend as part of, for eg, complying with an action plan.

J Complaints
J1 Trust management: Systems for responding to complaints from patients and relatives; reporting to board
J2 Ward management: How do ward staff respond to complaints from patients or relatives? How are they reported to senior clinicians and management? Are there written guidelines? Also include anything here about post-complaint action plans and their implementation.
J3 Trust Lessons: How does the trust ensure that key lessons from complaints are translated into changes in the care of patients or in dealing with relatives?
J4 Ward Lessons: Is there a process for informing ward staff about complaints and for ensuring that there are appropriate changes in practice following complaint?
J5 Training: What training is provided on dealing with complaints and to whom?

K Clinical Governance
K1 Trust arrangements
K2 Ward arrangements
K3 PCT arrangements

OBS Observations

NC No Code

Stakeholders - All codes