

Gosport Investigation – Proposed Framework

Acknowledgements

To be added

Executive Summary

Introductory Background

In reaching conclusions CHI must address whether, since 1998, there had been a failure of trust systems to ensure good quality patient care in the following areas:

- Arrangements for the administration of drugs

Information provided by three (two?) expert police witness reports which suggest that diamorphine, haloperidol and midazolam had been prescribed in and around 1998 without sufficient cause and in sufficient doses and combinations which could adversely affect frail patients.

Clear that great efforts have been made by the trust to develop policies and procedures governing prescribing for pain and the use of syringe drivers and to familiarise patients with them ?evidence?. Palliative care guidelines are in general use and expert advice is provided by the Palliative care team and others with specialist input.

Data provided by the trust for 1999, 2000 and 2001 indicate a reduction in the supply of injectable diamorphine, haloperidol and midazolam in Deadlus and Dryad wards. CHI undertook an independent review of case notes and reached

- Transfer arrangements

Some confusion over purpose of wards at the GWMH and therefore the patients who should be admitted. Sense that relatives were given raised expectations on discharge from the acute trust in order to free up beds. The rehabilitation team are not involved in assessing patients before transfer and unsuitable patients are admitted. (Could check readmission rates here). Nurses spoke of patients being increasingly ill on admission in recent years and die fairly shortly after admission.

Discharge arrangements appeared sound with multi disciplinary assessment and patchy social services input. Some ambiguity around setting and working towards discharge dates. Feedback from local nursing home suggest a constructive working relationship, with nursing home staff encouraged to assess and meet patients prior to discharge.

Some degree of time lag between medical assessment in the acute setting prior to discharge and assessment on admission.

Still work to do with acute/MOD hospital here.

- Responsibility for patient care

Medical accountability appears sound for trust employed doctors, appraisal systems and personal development plans are in place. All patients admitted to Dryad and Deadalus wards are under the care of a consultant. Patients admitted to Sultan ward are under the care of a named GP who undertakes their medical care. Concern over supervision/appraisal of clinical assistants and contracted GPs and responsibility out of hours. Nursing accountability appeared sound, though supervision arrangements less so.

- Culture of care

Culture of the trust that of the caring employee, unclear as to the priority given for patient involvement in a strategic way, this may have been compromised due to the PCT reorganisations.

Concern over the culture of care afforded to elderly patients with dementia, who are sometimes perceived as a “problem” some concern in 1998 over the use of drugs to manage behaviour rather than pain. Evidence?

Multi disciplinary working in infancy though commitment exists from the staff.

Academic approach of nurse director showed no real commitment to patient involvement.

Trust still in denial to some extent over the complaints in 1998 and subsequent police involvement. Managed to convince itself that they had been exonerated and still firmly believe this, though some obvious contradiction over the amount of work done to address the prescribing concerns.

Key conclusions

That the use of diamorphine, haloperidol and midazolam in 1998 as prescribed by a clinical assistant, was not in line with best practice? and may have adversely affected frail older patients.

Considerable work has been done by the trust to produce a policy framework for the prescription of analgesia. This work was supported by relevant training and has become established practice.

Increasingly sicker older patients are being admitted into the Gosport War Memorial Hospital as a result of pressures in the acute sector. Patients and relatives are sometimes given false expectation of recovery.

The trust has good appraisal/performance management systems in place for all trust employed staff. However, there are no such arrangements in place for clinical assistants and contracted GPs.

The trust has a dedicated senior team and is a good employer with a committed workforce.

Too much time was taken for the trust to react to the triggers around prescribing highlighted by the police investigation and complaints of relatives.

Key recommendations

Pharmacy safeguards?

Audit?

Need for systems to ensure safe practice of clinical assistants and GPs

How to move culture on in new trust?

Role of NPSA in working with trusts to establish patterns and identify risks?

Possibility of police being more explicit with trusts of concerns at an earlier stage?

Chapter 1 - Terms of reference and process of the investigation

During the summer of 2001, concerns were raised with CHI about the use of drugs and the culture of care provided to older people at the Gosport War Memorial Hospital. These concerns included the following:

- (i) Arrangements for the administration of drugs
- (ii) Transfer arrangements between the Gosport War Memorial Hospital and other local hospitals
- (iii) Responsibility for patient care
- (iv) The culture in which care is provided

The trust were asked to provide CHI with a chronology of events surrounding the death of one patient, together with an outline of how the issues raised had been addressed.

On 18 September 2001, CHI's Investigations and Fast Track Clinical Governance Programme Board decided to undertake an investigation into the management, provision and quality of healthcare for which Portsmouth Healthcare NHS Trust is responsible at the Gosport War Memorial Hospital. The reason behind this decision was evidence of high risk activity and the likelihood that action by CHI would result in lessons for the whole of the NHS.

Terms of reference

Prior to the final agreement of the investigation terms of reference by the Investigations and Fast Track Clinical Governance Programme Board in ????? discussions were held with the trust, the Isle of Wight, Portsmouth and South East Hampshire Health Authority and the NHS South East Regional Office to ensure that the terms of reference would deliver a comprehensive report with the maximum learning for the NHS.

The agreed term of reference is as follows;

The investigation will look at whether, since 1998, there had been a failure of trust systems to ensure good quality patient care. The investigation will focus on the following elements within services for older people (inpatient), continuing and rehabilitative care) at Gosport War Memorial Hospital.

- (i) Staffing and accountability arrangements, including out of hours.
- (ii) The guidelines and practices in place at the trust to ensure good quality care and effective performance management.
- (iii) Arrangements for the prescription, administration, review and recording of drugs.
- (iv) Communication and collaboration between the trust and patients, their relatives and carers and with partner organisations.
- (v) Arrangements to support patients and their relatives and carers towards the end of the patients life.

- (vi) Supervision and training arrangements in place to enable staff to provide effective care.

In addition, CHI will examine how lessons to improve patient care have been learnt across the trust from patient complaints.

The investigation will also look at the adequacy of the trusts clinical governance arrangements to support inpatient continuing and rehabilitation for older people.

CHI's investigation team

Alan Carpenter, chief executive, Somerset Coast Primary Care Trust
 Dr Tony Luxton, consultant geriatrician, Lifespan Healthcare NHS Trust
 Julie Miller, CHI Investigations Manager
 Maureen Morgan ???
 Mary Parkinson, lay member (Age Concern)
 Jennifer Wenborne??

The team was supported by:

Liz Fradd, CHI Nurse Director, was the lead CHI director for the investigation
 Anne Grosskurth, CHI Investigations Manager
 Nan Newberry, CHI Senior Analyst
 Kellie-Ann Rehill, CHI Investigations Coordinator

The investigation process

The investigation consisted of five inter related parts:

Review and analysis of a range of documents specific to the care of older people at the trust, clinical governance arrangements and relevant national documents (See appendix ? for a list of documents reviewed).

Analysis of views received from (insert number) patients, relatives and friends about the care received at the Gosport War Memorial Hospital. Views were obtained through a range of methods which included meetings, correspondence, telephone call and a short questionnaire. (See appendix ?? for an analysis of views received).

A five day visit by the CHI investigation team to the Gosport War Memorial Hospital when all groups of staff involved in the care and treatment of older people at the hospital and relevant trust management were interviewed. (See appendix ?? for a list of all staff interviewed).

Interviews with relevant agencies and other NHS organisations, including those representing patients and relatives (See appendix ?? for a list of organisations interviewed).

An independent review of case notes reached the following conclusion....

Chapter 2 – Background to the investigation

Events leading up to the CHI investigation

Police investigations

The death of a 91 year old patient in August 1998 on Deadalus ward led to a complaint by the family regarding her care and treatment, issues around the use of drugs were subsequently referred to the police in December 1998 (?). Following an initial police investigation, the Criminal Prosecution Service (CPS) decided that there was insufficient evidence to proceed to a prosecution (*can we say what for?*) in March 1999. *What led to the reopening – was it complaint to Police Complaints Authority – can we say this?* The police investigation into the death of the 91 year old patient was reopened and in January 2001 the CPS decided *on the basis?* of a police expert witness report that there was insufficient evidence to proceed.

Local media coverage in 2001??? resulted in nine (?) other families raising similar concerns with the police regarding deaths which had occurred in 1998. Four further deaths were then investigated by the police who commissioned a further two expert witness reports which were made available to CHI. These reports raised very serious concerns regarding the prescribing practices used in the Trust in 1998. In January 2002 the CPS decided that there was insufficient evidence to proceed towards a prosecution in these four cases.

Need to check how much detail to go into here with police.

GMC & UKCC

The police referred one doctor to the General Medical Council in ?? 2001 and four nurses to the UKCC *checkpolice/GMC/UKCC*

Complaints to the trust

There were nine complaints to the trust between 1998 and 2001, the period of the CHI investigation. Three complaints between August and November 1998 raised concerns which included the use of diamorphine and levels of sedation on Deadalus and Dryad wards. This includes the complaint which was subsequently investigated by the police.

Action taken by health authority

Doctors causing concern process invoked in June 2001, no further action recommended with regard to general practice work of clinical assistant– *can we refer to specifics of Dr B?* In July 2001, the Chief Executive of the Health Authority asked CHI for assistance in a local enquiry in order to re-establish public confidence in the services for older people. *Possible expansion here*

Action taken by NHS Executive South East

Needs expansion

No apparent system for monitoring complaints. Serious Untoward Incident reports produced in April and July 2001 in response to articles surrounding the death of a patient

in the media. *Issues – should the trust have reported the police investigation into the death of Mrs R to RO sooner? Apparent HA knew of police investigation, but not RO – is this usual?? What should have been picked up by patch management?*

National context

There have been many changes within the NHS and services for older people since 1998, when the trigger events for this investigation took place. It is important to note that there have been many changes within the NHS since then and that the culture and expectations of 2002 may not have been the norm in 1998.

The standard of NHS care for older people have long caused concern. A number of national reports have found care to be deficient. Amongst the concerns raised have been ageism, an inadequate and demoralised workforce, poor care environments and lack of seamless care within the NHS. The NHS Plan's section "Dignity, Security and Independence in Old Age" published in July 2000, outlined the government's plans for the care of older people which would be detailed in a National Service Framework. The National Service Framework for Older People was published in March 2001 and sets standards of care of older people in all care settings. It aims to ensure high quality of care and treatment, regardless of age. Older people are to be treated as individuals with dignity and respect. The framework places special emphasis on the older patient's, their relatives and carers' involvement in the care process, including care planning. There are to be local mechanisms to ensure the implementation of the framework with progress expected by June 2001. (Chapter ??? highlights how the Portsmouth Healthcare NHS Trust have addressed the NSF targets).

Though focussing on the standards of nursing care for older people in acute settings, the Standing Nursing and Midwifery Advisory Committee's 2001 report found standards of care provided to older people to be deficient. Fundamental aspects of nursing, such as nutrition, fluids and rehabilitation needs were found lacking. Amongst the suggested reasons for this were lack of clinical leadership, inadequate training and lack of resources.

Trust context

Gosport War Memorial Hospital is part of Portsmouth Healthcare NHS Trust (PHCT) which was formed in 1994. PHCT provided a range of community based and specialised health services for the people of Portsmouth, Fareham, Gosport and surrounding areas. These services included mental health (adult and elderly), community paediatrics, elderly medicine, learning disabilities and psychology. PHCT was dissolved in March 2002. Services have been transferred to local Primary Care Trusts. Elderly medicine has been transferred to the Fareham and Gosport PCT when it became operational in April 2002.

The trust was one of the largest community trusts in the south of England and employed almost 5,000 staff. The trust had a budget in excess of £100 million, over 20% of income was spent on its largest service, elderly medicine. All three financial targets were met in 2000/01.

The local population is predominantly white (98.5%). The age profile is very similar to that of England although the proportion of people over the age of 65 is slightly higher than the England average.

Trust Strategic Management

The Trust Board consists of a Chair, 5 Non-Executive Directors, the Chief Executive and the executive directors of operations, medicine, nursing and finance, together with the personnel director. The Board meets five times in public annually, with five strategic briefings which are not open to the public. The trust is organised into 6 divisions, two of which are relevant to this investigation. The Fareham and Gosport Division which manages the Gosport War Memorial Hospital and the Division of Elderly Medicine.

The district medicines and formulary group, the risk management group and the clinical governance panel are accountable to the Trust Board.

The Trust is well regarded in the local health economy and has developed robust links with the Health Authority and local PCGs *examples???* & *relationships with acute trust & GPs CES*

Transition to PCT

Services for Older People

Services for older people in Portsmouth are provided by the department of medicine for elderly people which is managed by the Portsmouth Healthcare NHS Trust. The department provides acute admission, rehabilitation, continuing care, day hospitals and palliative care. Acute facilities are based at Queen Alexandra Hospital with facilities at St Mary's Hospital (both part of the local acute trust, Portsmouth Hospitals NHS Trust). The department works closely with the community hospitals in Fareham, Gosport (the Gosport War Memorial Hospital) and Petersfield. (check Havant & Emsworth & St Christophers?).

Divisional management at the trust is well defined, with clear systems for monitoring clinical governance, complaints and risk. Leadership at divisional level is strong with clear accounting structures to corporate level. *Comment on service performance management at service level?*

The Gosport War Memorial Hospital provides continuing care, rehabilitation, day hospital and outpatient services for older people. The Gosport War Memorial Hospital is managed by the Fareham & Gosport Division. The division also manages trust wide services including physiotherapy and occupational therapy advice. Responsibility will transfer to the Fareham and Gosport Primary Care Trust on 1 April 2002.

In patient services for older people at the Gosport War Memorial Hospital

Four wards admit older patients at the War Memorial, Dryad, Deadalus, Sultan and Mulberry wards.

Dryad Ward

20 bedded continuing care ward for frail elderly patients who are admitted under the care of a consultant from the department of elderly medicine and clinical assistants (?).

Admission is arranged following GP referral of elderly medicine consultants based at the acute hospitals.

Deadalus Ward

24 bedded ward for continuing care (?) and slow stream rehabilitation for elderly frail patients. Admission is by GP referral or elderly medicine consultants based in the local acute trust.

Sultan Ward

Has 24 beds for patients whose care is managed by their own GP. This care includes both respite and palliative care. A sister, employed by the trust manages the ward.

Admission is arranged by the GP directly with ward staff.

Mulberry Ward

A ??? bedded assessment ward comprising of the Collingwood and Ark Royal Units for elderly mental health patients. This ward has not been part of the CHI investigation.

The criteria for admission onto both Dryad and Deadalus wards until April 2002, are that the patient must be over 65 and be registered with a GP within the Gosport PCG. In addition, Dryad patients must have a Barthel score of under 4/20 and require specialist medical and nursing intervention. Deadalus patients must require multidisciplinary rehabilitation for strokes and other conditions.

Ward	1998	2002
Dryad	Trust to complete	20 continuing care beds ? slow stream rehabilitation
Deadalus		24 rehabilitation beds; 8 general, 8 fast and 8 slow stream (since November 2000)
Sultan		24 GP beds

There appears to be confusion around the various categories of care, for example CHI heard of stroke rehab, slow stream rehab, very slow stream rehab, intermediate and continuing care. CHI is not aware of any common criteria defining these areas.

Findings

The Trust has strong leadership at corporate and divisional level focussed on staff and employees. The corporate team is strong and competent, the chief executive prominent and well regarded by staff.

There is confusion around the categories of care.

Recommendations

How does the PCT carry forward competent leadership style?

Chapter 3 – Staffing accountability and supervision

Medical Staff Accountability

Medical accountability for the care of older people in Deadalus and Dryad wards lies ultimately with the Medical Director. There is a lead consultant for Elderly Medicine who is contracted to provide ?? sessions at the War Memorial Hospital on Deadalus and Dryad wards. The job description for this post states that the post is a major challenge for “a very part time role” There are ?? sessions of consultant cover on Dryad and Deadalus wards. Both consultants report to the lead consultant. All patients are admitted under the care of a consultant. Junior medical support is provided by a staff grade physician employed on Dryad ward since 2000.

Clinical Assistant post – to be completed.

DR Barton subcontracted to other partners – never had contract with the trust.

Medical accountability for patients on Sultan ward lies with the admitting GP. The trust issues admitting GPs with a contract for working on trust premises, this is a legal document and describes very little about the GPs role. GPs visit their patient regularly and when requested by nursing staff.

Medical Supervision

Regular appraisal systems are in place for all doctors employed by the trust, including those on locum contracts. All doctors interviewed by CHI, including the medical director who works 5? Sessions in the department of elderly medicine, have regular appraisals. Those appraising the work of other doctors have been trained to do so.

CHI found no evidence of supervision or appraisal arrangements for GPs working as clinical assistants in the Trust. *Expand Dr B interview*

GPs managing their own patients on Sultan ward can be subject to the Health Authorities voluntary process (*expand on referral process*) for dealing with doctors whose performance is giving cause for concern, this procedure can only be used in regard to their work as a GP, and not any contracted work performed for the trust as a clinical assistant or GP on Sultan ward. This arrangement is common throughout the NHS.

? isolation of staff grade doctor by day?

Nursing Accountability

Nurses are accountable to a clinical manager (G Grade) who is accountable to a senior nurse (H Grade). The senior nurse has responsibilities for continuing care and rehabilitation across both wards, the post was created in ??? . The senior nurse is accountable to the elderly service manager who reports to the general manager for the Fareham and Gosport division. The general manager is then responsible jointly to the director of nursing and the operational director.

?chart here to explain structure

Nursing supervision

The Trust has been working to adopt a model of clinical supervision for nurses for a number of years and received initial assistance from the Royal College of Nurses to help develop processes. The Trust focus has been on reflective practice, the overall aim being to ensure that staff had access to good systems of clinical support to enhance their practice. As part of the Trusts Clinical Nursing Development Programme which ran between January 1999 and December 2000, nurses were identified to lead the development of clinical supervision. CHI was unclear how the strategic impact of the introduction of clinical supervision and reflective practice was being measured in terms of improved quality of care for patients. The trust have acknowledged that the main barriers to clinical supervision have been the availability of appropriate supervisors and protected time. An evaluation conducted in 1999 demonstrated the Department of Elderly Medicine were the most dissatisfied in terms of their supervision arrangements (41.2%).

Many of the nurses interviewed valued the principles of reflective practice as a way in which to improve their own practice and improve their care of patients. The H grade senior nurse coordinator post appointed in November 2000 was a specific trust response to an acknowledged lack of nursing leadership at the Gosport War Memorial Hospital. Regular clinical supervision meetings are held on Sultan and Daedalus ward, with less clear arrangements on Dryad ward which may be due senior ward staff sickness.

Accountability and supervision of therapists

To be added with Jen

Workforce and service planning

In preparation for the change of use of beds in Dryad and Deadalus wards in November 2000, the Trust undertook a skill mix review which identified consultant cover and a possible increased specialist intervention as risks. Plans were put in place to increase consultant staffing and to train qualified nursing staff appropriately. *Alert course – complete.* Despite this, several members of staff expressed their concern regarding the acuity of many patients cared for at the Gosport War Memorial Hospital and spoke of a system under pressure due to nurse shortages and high sickness levels. Concerns were raised formally by the Clinical Assistant in early 2000 around the increased workload and complexity of patients. The Medical Director acknowledged the growing stress within the system, though there was no systematic attempt to seek solutions.

The trust has recently developed a predictive workforce planning model and has a strategic recruitment and retention policy. *Insert more*

Staff welfare

The trust has developed as a caring employee this is demonstrated by *and*

Many staff, at all levels in the organisation spoke of the stress and low morale caused by the series of police investigations and the referrals to the GMC and UKCC. The Trust

have encouraged the use of the trust's counselling service and organised support sessions for staff. Not all staff felt supported by the trust.

Out of hours arrangements

Between the hours of 9 – 5, trust doctors manage the care of all patients on Dryad and Deadalus wards. Out of hours medical cover, including weekends and bank holidays ? is provided by a local GP practice from ?? to 11.00pm after which nursing staff call on Healthcall a local deputising service for medical input between 11pm and 7.00am. Staff interviewed by CHI on all ?? wards expressed concern regarding frequent long waits for the Healthcall service. There was also concern over Healthcall GPs reluctance to “interfere” with admitting GPs prescribing for example. In an emergency situation, nursing staff call 999 for assistance and possible transfer to the local A&E department. On Sultan ward, out of hours cover is provided by the GPs practice on-call arrangements. Emergency cover is provided through the 999 service.

The contract for the out of hours service is managed by??? There are no performance targets within the contract which is due for renewal in??

Night skill mix review – see file

Team working

Staff interviewed by CHI spoke of teamwork , though in several instances this was unprofessional, for example a nursing team. CHI observed a multi disciplinary team meeting on Deadalus ward ?, which was attended by a consultant, a senior ward nurse a physiotherapist and occupational therapist. Access to social work input was described as difficult and no junior staff were present. All professions keep separate patient notes.

There are no multi-disciplinary team meetings on Dryad and Sultan wards. ?CHI found no evidence of a service lead for multi-disciplinary working. Therapy staff reported some progress towards multi-disciplinary goal setting for patients though wished to see more development.

Systems are in place to access expert psychiatric opinion. There are good and supportive links with consultant psychiatrists. The lead consultant for elderly mental health reported close links with the three wards with patients either given support on the ward or transfer to an elderly mental health bed. *Any nursing links – joint training?* There was also evidence of dietician, podiatry and dentistry input.

The trust has recently appointed a nurse consultant in stroke services

Findings

- The trust has a well developed supervision and appraisal systems for all directly employed staff (*but not AHPs?*). The principles of reflective practice are becoming embedded in the culture of care. No such systems were evident for the employment of clinical assistants and GPs working on the Sultan ward.

- There was a planned approach to the service development which brought about the change of use of beds in 2000. The increasing complexity of patients and resulting pressure, whilst recognised, was neither monitored nor reviewed.
- The Trust has a strong employee focus, with some notable examples of good practice.
- Medical cover for the three wards out of hours is inadequate.
- There is no real driver for multi disciplinary team working, though Daedalus ward has made significant progress.

Recommendations (just ideas)

- The Trust should urgently review its use of clinical assistants with the aim of establishing an appraisal and supervision system in line with other trust staff.
- The Royal College of GPs should develop national safeguards for trusts and GPs employed as clinical assistants and for GPs working on GP led wards.
- The provision of out of hours medical cover should be reviewed and performance targets developed with staff built into the contract on renewal.
- The trust should undertake a casemix review of patients admitted to Dryad, Daedalus and Sultan wards.
- The trust should designate a lead for multi-disciplinary working in the department of elderly medicine and formulate a planned approach to its development.

Chapter 4 – Quality and the Patient Experience

Patient experience

The investigation examined in detail the experience of older patients admitted into the Gosport War Memorial Hospital between 1998 and 2001 and that of their relatives and friends. This was done in two ways. Firstly CHI made contact with a total of ?? patients and relatives during the stakeholder work. Secondly, CHI made a number of visits to Deadalus, Dryad and Sultan wards during the site visit week in January 2002.

CHI met with ?? patients and relatives towards the end of 2001, spoke to ?? over the telephone and received ?? letters and ?? completed questionnaires. There was a balance of opinion, ?? relatives spoke of their experience of the War Memorial Hospital as a positive, whilst ?? found the experience less so. (Details of the comments received can be found in appendix ??)

The most significant areas raised by stakeholders were; the attitude of staff, continence, patients clothing, the use of drugs and nutrition and fluids.

Attitude of staff

Comments ranged from the very positive “Everyone was so kind and caring towards him in both Deadalus and Dryad wards (doc 29) and “I received such kindness and help from all the staff at all times” (28) to the less positive “I was made to feel an inconvenience because we asked questions and “the doctor leaned on the wall and told us the next thing would be a lung infection and that will be it”. “Got the feeling she had dementia and her feelings didn’t count.” (17)

Continence

A number of stakeholders raised concerns regarding the prompt catheterisation of patients on admission to the War Memorial. “They seem to catheterise everyone, my husband was not incontinent, the nurse said it was done mostly to save time”.

Patients clothing

Many concerns were raised about patients who were not dressed in their own clothes, which distressed relatives. “They were never in their own clothes”.

Use of drugs

The use of pain relief was commented on by a number of relatives. One asked the question, “Why weren’t milder analgesics given before administration of diamorphine?”. (6) doctors should disclose all drugs and why and what side effects are. There should be more honesty” (20).

Nutrition and fluids

Concerns was expressed by relatives around a perceived lack of nutrition and fluids as patients drew to the end of life, “ no water and fluids for last four days of life” (13). Comments were also raised about patients left to eat without assistance. An number of stakeholders commented on untouched food being cleared away.

Outcome of CHI observation work

Pairs of the the CHI team visited Dryad, Sultan and Deadalus wards throughout the week of 7 January 2002 to observe first hand the environment in which care was given and the interations between staff and patients and between staff. Observation periods included staff handovers, mealtimes and a multidisciplinary team visit. The team also visited at night. Ward staff welcomed the CHI team and were friendly and open.

Ward environment

All of the elderly medicine wards were built during the 1991 expansion of the hospital and are modern, welcoming and bright. This view was echoed by stakeholders who were complimentary about the décor and patient surroundings. Wards were tidy, clean and fresh smelling. Day rooms are pleasant and Deadalus ward has direct access to a well laid out garden suitable for wheelchair users with seating. Storage space in ??? ward appeared to be short and as a result the corridors had become cluttered with equipment which appeared problematic for patients using walking aids. Deadalus ward has a separate single room for independent living assessment with own sink and wardrobe.

Staff

The CHI team saw patients addressed by name in a friendly way and saw examples of good patient staff interaction. The staff handovers observed well run and information exchanged appropriately.

Mealtimes

Mealtimes were well ordered with patients given a choice of options and portion size. Generally patients were assisted to eat and drink. There appeared to be sufficient staff to serve meals and to note when meals not eaten.

Patient experience

Patients are able to watch the television in day rooms, where there are large print books puzzles and current newspapers. The CHI team saw little evidence of social activities such as eating together taking place, with the exception of watching the television. Bells to call assistance were available to patients, though less accessible to patients in the day rooms.

Findings

- Relatives speaking to CHI had some very real concerns about the care their relatives received on Deadalus and Dryad wards, largely around 1998 – 2000??. Less concerns were expressed regarding Sultan ward.
- The ward environments and physical care of patients is of good quality

Recommendations (suggestions?)

- That all patient complaints, informal and formal which express any of the issues referred to paragraph ?? be a regular item on all monthly ward meeting agendas.
- That all systems such as the whiteboard system used to record patient comments in use on ?? ward be explored on all elderly wards and emerging themes fed into monthly ward meetings.
- That the role of the activities coordinator be revised and strengthened.

Chapter 5 – Guidelines and Practices

CHIs remit is to investigate the adequacy of systems to support good patient care. CHI looked at a range of these systems which have been developed into policies and practices by the trust and have assessed their impact on patient care.

*Refer to HAS standards, Essence of Care
Outline drivers for change
Outline process for writing/agreeing policy*

Policies looked at in relation to the TOR;

Patient transfer
Lack of OT input

DNR
Users and local groups were consulted on a leaflet explaining “decision making around resuscitation”

Palliative care
Guidelines in place and good evidence of comprehension – good links with local hospice the Rowans.

Nutrition and fluids
Leaflet produced on catering services which outlines provision of meals and includes a feedback form.

Medical records
Continence
Consent
Control of infection – MRSA
Rehabilitation
Continuing care

Findings

Recommendations

Chapter 6 - Arrangements for the prescription, administration, review and recording of drugs

The trust supplied the following breakdown of usage of diamorphine, hydrocine and medazolam *from 1999 until ????* based on ?? data? this demonstrates a clear reduction in these drugs. *(do we need to see 1998 figs and fentalyn patch usage too?* CHI was told that concerns had been expressed to a ward sister by a nurse about the amount of morphine given to patients, the mix of drugs and the use of syringe drivers. These concerns were not followed through.

Insert table

CHI was told that concerns had been expressed to a ward sister by nurses on Dryad ward about the amount of morphine given to patients, the range of prescription and the use of syringe drivers. These concerns were not followed through.? *Check.* Nursing staff confirmed a decreased use of both diamorphine and the use of syringe drivers since 1998.

Assessment and management of pain

The Trust's policy for the assessment and management of pain was introduced in April 2001 and is due for review in 2003. CHI understands that one of the drivers for this policy was the staff grade physician appointed in ??? who The stated purpose of the document was to identify mechanisms to ensure that all patients have early and effective management of pain or distress. The policy places responsibility for ensuring that pain management standards are implemented in every clinical setting and sets out the following:

- The prescription must be written by medical staff following diagnosis of type(s) of pain and be appropriate given the current circumstances of the patient.
- If the prescription states that medication is to be administered by continuous infusion (syringe driver) the rationale for this decision must be clearly documented.
- All prescription sheets for drugs administered via a syringe driver must be written on a prescription sheet designed for this purpose.

CHI has also seen evidence of a pain management cycle chart, audit forms for assessing standards in pain assessment and management and an analgesic ladder. The analgesic ladder indicates the drug doses for different levels of pain, how to calculate opiate doses and advice on how to evaluate the effects of analgesia and how to observe for any side effects. Nurses interviewed by CHI demonstrated a good understanding of pain assessment tools and the progression up the analgesic ladder. CHI was also told that it was now taking longer for patients to be made pain free.

The CHIs review of random case notes of recent admissions concluded that the pain assistance and management policy was ??? and was being adhered to.

Prescription writing policy

This policy was produced jointly with the Portsmouth Hospitals NHS Trust in March 1998. The policy covers the purpose, scope, responsibilities, requirements for prescription writing, medicines administered at nurses discretion and controlled drugs for TTO. A separate policy covers the administration of IV drugs.

The policy also covers a section on verbal orders. Telephone orders for single doses of drugs can be accepted over the telephone by a registered nurse if the doctor is unable to attend the ward. CHI understands that this is common practice in GP led wards and works well on the Sultan ward, with arrangements in place for GPs to sign the prescription within 12 hours. *(possible back up of evidence from case note review?)*

CHI was told of the practice of prior prescription of palliating opiates. Policy has now changed *(which one & when?)*, CHIs case note review confirmed that anticipatory prescribing no longer occurs. *(confirm true for out of hours & Sultan too)*

Administration - use of syringe drivers

Guidance for staff on prescribing via syringe drivers is contained within the policy for assessment and management of pain and states that all prescriptions for continuous infusion must be written on a prescription sheet designed for this purpose. *evidence from note review group that being adhered to? Maureen/Tony is this adequate guidance – just seems to deal with the recording rather than rationale behind decision.*

Role if nurses & HCSW – checking of competencies?

Information provided by the Trust indicated that two qualified nurses from Sultan ward had taken part in a syringe driver course in 1999. Five nurses had also completed a drugs competencies course. No qualified nurses from either Dryad or Deadalus ward had taken part in either course between 1998 and 2001. Nursing and healthcare support staff spoke of receiving syringe driver information and training from a local hospice.

Review of medication

In November 1999, a review of neuroleptic drugs within trust elderly care continuing care wards concluded that neuroleptic drugs were not being over prescribed. The same review revealed that the weekly medical review of medication was not necessarily recorded in the medical notes. This was re-audited in January 2000, when it was concluded that ??? *CHIs review of clinical notes saw evidence to suggest??*

Findings

- CHI has serious concerns regarding the quantity, combination and review of drugs prescribed to older people on Dryad and Deadalus wards in 1998.
- Concerns were raised and not listened to by staff regarding the amounts of drugs administered via syringe driver in 1998 ?? & 1999 - *Check*

- Policies have been developed and are being adhered to (*evidence to include case note audit*) regarding the prescription, administration, review and recording of drugs.

Recommendations

- Role of pharmacy?
- Link to whistleblowing recommendation in clinical governance chapter?
- Adequacy of syringe driver policy?

Chapter 7 - Communication

Patients

The HAS Standards for Health and Social Care Services for Older People (2000) states that “each service should have a written information leaflet or guide for older people who use the service. There should be good information facilities in inpatient services for older people, their relatives and carers”. During the site visit, CHI saw a number of separate information leaflets provided for patient and relatives, though in one case these were stored quite high. Photographs of staff were evident, though they be difficult to see with any visual impairment.

The trust uses patient surveys as part of its patient involvement strategy, issues raised by patients are addressed by action plans discussed at clinical managers meetings. Ward specific action plans are distributed to ward staff (*example of positive change following survey comment?*)

Relatives and carers

Examples of involvement in decision making eg discharge planning and use of syringe drivers

Staff

Most staff interviewed by CHI spoke of good internal communications, and were well informed about the transfer of services to the Fareham and Gosport PCT. Th e trust intranet is >>>>.

Primary care

Interfaces with existing PCGs, GPs, GPs on Sultan ward

Acute trust/Haslar

In general – transfer issues will need to be picked up elsewhere.

Social Services

Joint planning arrangements, involvement in discharge planning.

Nursing homes

Positive stakeholder feedback from top three local nursing homes.

Examples of good joint working

Findings

Recommendations

Chapter 8 – End of Life

Casemix issues, increasing acuity of patients and impact. Expectation issues at referring hospital. Unclear use of term rehabilitation, what does continuing care mean?

Definition of terms.

Specialist input

Palliative care team, local hospice – some joint training etc.

How patient care is delivered?

How are relatives supported?

Excellence of patient affair manager

DNR

Use and understanding – how are relatives engaged, how recorded.

How does the trust support staff?

Cultural and spiritual needs

Findings

Recommendations

Chapter 9 – Complaints

The trust forwarded details of nine complaints made surrounding the care and treatment of patients on Dryad, Deadalus and Sultan wards between 1998 and 2001. CHI was told that over four hundred letters of thanks had been received during the same period. A number of the complaints raised concerns regarding the use of drugs, especially the levels of sedation administered prior to death. Complaint 3 was referred to the Health Services Commissioner (Ombudsman) whose medical advisor found the choice of pain relieving drugs appropriate in terms of drug, doses and administration. Complaint 5 was referred to an Independent Review Panel, which found that drug doses, though high, were appropriate, as was the clinical management of the patient. The Medical Director told CHI that following receipt of Complaint 1, he confirmed with a colleague in a neighbouring trust that prescribing parameters at the War Memorial Hospital were within acceptable range.

(Initials must be removed in later drafts)

August 1998	Complaint 1 (MRS R) Care and treatment on Deadalus ward (concerns subsequently raised with police regarding use of pain relief)
October 1998	Complaint 2 (MR C) Use of syringe driver to deliver diamorphine on Dryad ward.
November 1998	Complaint 3 (MRS P) Medical and nursing care. Diamorphine usage on Dryad ward. This complaint was reviewed by the Health Service Commissioner
December 1999	Complaint 4 (MR S) Quality of nursing care on Deadalus.
January 2000	Complaint 5 (MRS D) Clinical care, including use of sedation and communication with family on Dryad ward. This complaint was reviewed by an Independent Review Panel
June 2000	Complaint 6 (MRS G) Nursing care and pain relief of Dryad ward.
June 2000	Complaint 7 (MR R) Nursing care and communication on Sultan ward
August 2000	Complaint 8 (MRS W) Care received on Sultan ward

May 2001

Complaint 9 (MRS H)

Transfer arrangements from acute hospital to Sultan ward.

Complaint Handling

The trust has a policy for handling patient related complaints produced in 1997, based on national guidance “Complaints: Guidance on the Implementation of the NHS Complaints Procedure” published in 1996. A leaflet for patients detailing the various stages of the complaints was produced, though this not freely available on the wards. This includes the right to request an Independent Review if matters are not resolved to their satisfaction together with the address of the Health Service Commissioner.

Both the Trust and the local CHC described a good working relationship. The CHC however regretted that their own resources had, since ???, prevented them from offering the kind of advocacy services to Trust complainants they would have wished. CHI found that letters to complainants in response to their complaints do not always include an explanation of the IRP process, though this is outlined in the leaflet forwarded to complainants earlier in the process. Audit standards for complaints handling (1.4 p6??) are good with at least 80% of complainants satisfied with complaint handling and performance targets for responses met. All written complaints are responded to centrally. Staff interviewed spoke favourably of the Chief Executive’s personal involvement in complaint resolution and correspondence and valued his input. Letters to patients and relatives sent by the trust reviewed by CHI were thorough and sensitive. The trust adopts an open response to complaints and apologises for any shortcomings in its services.

Once the police became involved in Complaint 1 the trust ceased internal investigation processes. One senior trust manager told CHI that would have commissioned an investigation without question if the police investigation had not begun. The police involvement did not need to preclude an internal investigation. The GP Clinical Assistant involved in the care of this patient wrote to the trust’s quality manager expressing concerns that she discovered Complaint 1 had been made by accident three months later (?). Porters interviewed by CHI expressed concern that they were not asked for statements during the initial investigation of this complaint, given their close involvement with the patient during transfer.

Trust Learning

Though action was taken to develop and improve trust policies around prescribing and pain management (as detailed in chapter??), this was not the result of a fundamental review of prescribing practice prompted by the emerging themes from complaints. In addition, the trust did not use the police involvement, that of the Health Service Commissioner nor the fact that an Independent Review Panel had been convened, to trigger a review of prescribing practices.

Lessons around areas other than prescribing have been learnt by the trust, though the workshop to draw together this learning was not held until early 2001 when the themes

discussed were communication with relatives, staff attitudes and fluids and nutrition. Action taken by the trust is as follows:

- Piloting of pain management charts and prescribing guidance approved in May 2001.
- The appointment of a staff grade doctor in September 2000.
- One additional consultant session in ??(is this true?)
- Increase in consultants ward round from fortnightly to weekly from February 1999.
- Nursing documentation now clearly identifies prime family contacts and next-of-kin information.
- All conversations with families are now documented, supported by training.

Monitoring and Trend Identification

A key action identified in the 2000/01 Clinical Governance Action Plan was a strengthening of trust systems to ensure that actions following complaints have occurred. The Trust's Quality Manager plays a key role in this. Actions are now monitored through the divisional review process and the Clinical Governance Panel and Trust Board. A Trust database was introduced in 1999 to record and track trends in recent complaints. An investigations officer was also appointed in order to improve fact finding behind complaints.

The Trust offers specific training in complaints and customer care which many, though not all, staff interviewed by CHI were aware of and had attended. The Trust has a well defined and respected line management structure through which staff are confident emerging themes from complaints would now be identified.

Findings

- That the trust did not use the complaints made in 1998 and 1999 as a trigger for an internal investigation into the prescribing practices of all clinicians working in the department of elderly medicine.
- That the trust now have a robust system through the Divisional Review Process, supported by the clinical governance framework to identify and address potential patterns of concern and failure highlighted by formal complaints.
- That changes to improve the quality of care to older people have been made by the trust as a result of patient complaints.

Recommendations

- That any pattern of concern, within the NHS, emerging from the prescription of opiates by referred immediately to the National Patients Safety Agency.

- That the PCT, using the knowledge of ward and service managers, ensure attendance of all staff on trust customer care and complaints training events.
- That the PCT ensures that the learning and monitoring of action arising from complaints undertaken through the Divisional Review system is maintained.
- Increased pharmacy safeguards?

Chapter 10 – Clinical Governance

Introduction

Clinical governance is a framework of systems and processes which NHS organisations establish to deliver high quality patient care. CHI has not conducted a clinical governance review of the Portsmouth Healthcare NHS Trust but has looked at how trust clinical governance systems support continuing and rehabilitative ms support in inpatient.... CHI descriptiondivided into seven strands; clinical audit, research and effectiveness, risk management, staffing and staff management, patient experience, use of information, training and education. Many of these strands of clinical governance have been addressed elsewhere in the report. This chapter sets out the framework and structure adopted by the trust between 1998 and 2002 to deliver the clinical governance agenda and details those areas most relevant to this terms of reference; risk management including medicines management and the systems in place to allow to staff to raise concerns.

Summary

The trust reacted swiftly and appropriately to the principles of clinical governance outlined in ???? In September 1998 a paper outlining how the trust planned to develop a framework for clinical governance was shared widely across the trust, aiming to include as many staff as possible. Staff interviewed by CHI showed a good understanding of clinical governance and how it related to them in their individual roles.

District Audit carried out an audit of the trust's clinical governance arrangements in 1998/99. The report, dated December 1999, states that the Trust had fully complied with requirements to establish a framework for clinical governance. The report also referred to the Trust's document "Improving Quality – steps towards a First Class Service" was of a high standard and reflected a sound understanding of clinical governance and quality assurance.

Whilst commenting favourably on the framework, the District Audit Review also noted the following:

- The process for gathering user views needed to be more focussed and the process strengthened.
- The clinical governance loop needed to be closed in some areas to ensure that strategy, policy and procedure resulted in changed/improved practice. Published protocols were not always implemented by staff; results of clinical audit were not always implemented and re-audited; lessons learnt from complaints and incidents not always used to change practice and that R&D did not always lead to change in practice.
- More work needed to be done with clinical staff on openness and the support of staff alerting senior management of poor performance.

Following the Review, the Trust drew up a trust-wide action plan in December 1999 which focussed on widening the involvement and feedback from nursing, clinical and support staff on Trust protocols and procedures and on making greater use of R&D, clinical audit, complaints, incidents and user views to lead to changes in practice.

Outcome of this????

Structure

The Medical Director took lead responsibility for clinical governance. A Clinical Governance Panel was established as a sub committee of the Trust Board, chaired by ??? The Clinical Governance Panel was supported a Clinical Governance Reference Group, whose membership included representatives from each clinical service, professional group, non-executive directors and the chair of the Community Health Council. Five key themes were identified for action at the groups first meeting in October 1999: continuing professional development, clinical audit, evidence based practice, patient and user involvement and clinical risk management

In addition, each service has its own Clinical Governance Committee led by a designated clinician, including wide clinical and professional representation. Baseline assessments have been carried out in each specialty and responsive action plans produced. The quarterly Divisional Review system was modified to include reporting on clinical governance in ???. The Medical Director and Clinical Governance Manager attend Divisional Review meetings and report key issues back to the Clinical Governance Panel.

The Trust produced an action plan for clinical governance by May 2000 and submitted a progress report to the NHSE in March 2001.

Risk management

Definition?????

A Risk Management group was established by the Trust in ?? to develop and oversee the implementation of Trust's Risk Management strategy, to provide a forum in which risks could be evaluated and prioritised and to monitor the effectiveness of actions taken to manage risks. The Group has links with other Trust groups such as the Clinical and Service Audit Group, the Board and the Clinical Nursing Governance Committee. Originally the Finance Director had joint responsibility for strategic risk with the Quality Manager, this was changed in the 2000/03 strategy to include the Medical Director, who is the designated lead for clinical risk.

The Trust has an operational policy for "Recording and Reviewing Risk Events". New reporting forms were introduced in April 2000 following a review of the assessment systems for clinical and non-clinical risk. The same trust policy is used to report clinical, non-clinical and accidents. All events are recorded in the Trust's Risk Event Database. The procedure states that this reporting system should also be used for near misses and all drug and medication errors.

Staff interviewed demonstrated a good knowledge of the risk reporting system CHI was told on a number of occasions, that risk forms were regularly completed by wards in the event of staff shortages. This is not one of the Trust's Risk Event Definitions.

Risk in Elderly Medicine??

Key risk issues from each service are identified and analysed through the Divisional Review system and actions planned to prevent reoccurrence eg??

Raising concerns

The Trust has had a Whistleblowing policy in place since 1998 (*check as version I have is dated Nov 2001*) The policy sets out the process staff should follow if they wish to raise a concern about the care or safety of a patient in the event of other procedures having failed or being exhausted. *???? M – is it good practice to include a nED??*

Staff interviewed were largely clear of how to raise concerns within their own line management structure and were largely confident of receiving an appropriate response. There was less uncertainty around the existence of the Trust's Whistleblowing Policy. The policy states that it should come into effect once other channels have been explored. A Whistleblowing policy should afford all staff the right to raise concerns at the most senior level, outside of the normal reporting and managerial channels.

How structures will be taken forward by the PCT?

The Clinical Governance Development Plan for 2001/02 states that the focus for risk management in 2000/01 was the safe transfer of services to successor organisations, with the active involvement of PCTs and PCGs in the Trust's Risk Management Group. Meetings have been held with each successor organisation to agree future arrangements for such areas as; risk event reporting, health and safety, infection control and medicines management.

Findings

- That the Trust has responded well to the clinical governance agenda and has a robust framework in place with strong corporate leadership.

Recommendation

- That the PCT fully embrace the developments made and direction set by the Trust.

That the PCT revise the Whistleblowing policy in line with current best practice.