

# EVIDENCE SUMMARY – VOLUME

## VARIOUS

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## BASICS

### DOCUMENTS

Document No	Title
1.13	Divisional review for Gosport & Fareham, May 2001
1.13.1	Divisional review for Gosport & Fareham, August 2001
1.13.2	Divisional review for Gosport & Fareham, February 2001
1.13.3	Divisional review for Gosport & Fareham, November 2000
B.1.1	IOWPandSEH HA NSF Older People Steering Group
B.1.2	Older Persons NSF Fareham & Gosport Locality Implementation Plan, Progress Report
B.2.1	Divisional review for Gosport & Fareham, August 2000
B.2.2	Divisional review for Gosport & Fareham, May 2000
B.2.3	Divisional review for Gosport & Fareham, February 2000
B.2.4	Divisional review for Gosport & Fareham, November 1999
2.4.1	Trust Corporate Policies - guidance for staff
2.4.2	Handling Patient related complaints – corporate policy
2.4.3	Risk Management Policy
2.4.4	Recording and reviewing risk events
2.4.5	Whistleblowing policy
2.4.6	Recording and reviewing risk events
2.4.7	Prevention and management of pressure ulcers policy

### ABBREVIATIONS

Abbreviation	Description

### WHO'S WHO

Title	Name	Dates

## 1 TRUST CONTEXT

## 2 MANAGEMENT OF HEALTHCARE

### 2.1 TRUST STRATEGIC MANAGEMENT

#### 2.1.1 Leadership

#### 2.1.2 Accountabilities and Structures

#### 2.1.3 Strategic Direction and Planning

#### 2.1.4 Health Economy Partnerships

#### 2.1.5 Patient and Public Partnerships

### 2.2 SERVICE STRATEGIC MANAGEMENT

#### 2.2.1 Leadership

#### 2.2.2 Accountabilities and Structures

#### 2.2.3 Strategic Direction and Planning

##### B1.1 – IOWP and SEH HA NSF Older People Steering Group

The terms of reference stated that the group would:

- Produce an agreed district-wide framework
- Oversee a baseline of current services
- Ensure that implementation of the NSF is embedded into mainstream plans and accountability arrangements in represented and partner organisations

In addition, task oriented groups would look at specific areas on stroke; falls; single assessment; prescribing; equipment; and mental health.

The steering group met on 9 July and reported progress on setting up of each of the locality implementation teams. Key milestones listed were:

- Stroke service and falls - initial meeting has taken place regarding NSF requirements for stroke; delegates from each LIT were requested. Work on falls is at an early stage, and programmes of work from each of the localities would need to be integrated.
- Single assessment process – names had been suggested for the sub-group. It was noted that there was an opportunity to design a local tool.
- Prescribing issues – some names for the sub-group had been suggested, although GP nominations were still required. A meeting was required between mainland and island pharmacists.
- Equipment – one of the steering group members had attended two meetings of an equipment sub-group set up by Portsmouth City. There is an issue around pooled budgets and different VAT rules. A joint workshop was planned for 25 July 2001. A continence service sub-group would be set up from the equipment group.
- Mental Health – not yet underway.

The steering group received a regional office consultation document on suggested performance indicators. It was noted that some of these overlapped with social services. A quick response to the document was required.

A representative of the health authority presented the regional office local modernisation review. There was no firm RO guidance on completion of this, however it was expected that, while there may be some local interpretation, the overall views across the health economy should match.

B1.2 - Older Persons NSF Fareham & Gosport Locality Implementation Plan, Progress Report  
The (undated) progress report states that the group has met twice, agreeing terms of reference and membership. Progress in implementing the NSF has included:

- Work on age discrimination in access to services;
- Formation of a sub-group and development of a project brief to review information available on services to older people;
- A review of intermediate care service, including holding a workshop in September {2001?} and carrying out interviews with service users;
- Work on falls prevention;
- The formation of a locality stroke group; and
- Agreeing a local communication plan

The August 2000 divisional review noted that initial proposals had been developed by clinicians and managers in the division to provide a 'community enablement service' and intermediate care / rehab beds at GWMH and St Christopher's Hospital (B2.1 Section 7).

The August 2000 divisional review noted that the GWMH minor injury unit would close on 31/07/00, with activity transferring to Haslar (B2.1 Section 4).

The August 2000 divisional review, clinical governance action plans for elderly mental health included a focus on projects including MDT assessment; a user involvement project on Mulberry, Ark Royal in conjunction with the clinical effectiveness department; and inpatient units now using hip protectors to reduce injuries from falls as advised by an assessment carried out by the Falls Group (B2.1 Section 3.2).

The November 2000 divisional review stated that there was a multi-disciplinary "falls group" working to raise awareness, monitor trends, develop an action plan, and contribute to trust-wide work on falls (1.13.3 Section 3.4.3). The February 2001 divisional review stated that work continued with the multi-disciplinary working group is meeting across community hospitals. A review of the times of falls had been undertaken and information shared with clinical managers. In addition, an assessment tool had been developed based on current evidence, with training undertaken by staff (1.13.2 Section 3.7). The May 2001 divisional review noted that work on the management of falls is progressing and a report produced (1.13 Section 3.6). *{IH - do we have this?}*. The August 2001 divisional review noted that falls remain high on Collingwood and Sultan wards. Discussion centred around the effectiveness of the Falls Working Group. It was agreed that the working group would be advised to link with Eileen T regarding the commissioning of a 'falls' video (1.13.1 p2)

The February 2001 divisional review noted that the first draft of the bed rails audit will be submitted to the community hospitals service lead group in February 2001 for discussion and action planning (1.13.2 Section 3.3). The May 2001 divisional review noted that recommendations from the first draft of the bed rail audit report included linking future bed rail work with falls work (1.13 Section 3.3).

The February 2001 divisional review noted that the community hospitals service lead group held an away day. This was intended to review the groups' role and determine service elements that required a continuing district wide focus in the transitional year moving towards primary care trusts (PCTs). The outcome of these discussions was presented as a governance framework (1.13.2 Section 3.7).

The February 2001 divisional review finance report noted that areas of concern / overspend were being reviewed. These were Daedalus, Dryad and Sultan wards, GWMH premises and St Christopher premises. It was also stated that GWMH wards had increased their bed occupancy by 8% per ward in 2000/01 (1.13.2 Section 5.1).

The May 2001 divisional review noted that the first meeting of the gerontological nursing development programme had taken place in March 2001. Next steps included identification of members of an advisory group of stakeholders; generation of critical companions person specification; identification of the critical companions. The project management group was scheduled to meet for the first time in June 2001 (1.13 Section 1).

The May 2001 divisional review noted that the use and appropriate storage of oxygen at GWMH had come under scrutiny, as it had risen to three times the requirements of 1999. Actions so far had been to request quotations for improving the current storage; building a brick built new store; and costing for three wards to have piped gases (1.13 Section 3.4.3).

The August 2001 divisional review noted that concerns had been expressed regarding the effect of the closure of Haslar medical take. Specific concerns were that there might be an increase in OPD referrals at GWMH, increased day hospital referrals and increased admissions out of hours to peripheral beds (1.13.1 p2).

## **2.3 CLINICAL GOVERNANCE**

### **2.3.1 Clinical Governance Strategy**

The February 2001 divisional review included the following clinical governance action:

- Standards have been agreed relating to the seven pillars of clinical governance as part of the clinical network for community hospitals planned for 2001. This will include sharing the results of complaints, reviewing audit results and in particular this year, the bed rail audit and audit of IPR process.

- The practice development facilitator group has been expanded to include H grade nurses in community hospitals and functions both as an operational group and as an action group.
- Staff training and development as a result of ongoing intermediate care development continues to have a high profile. Staff have attended courses on ALERT, ECG, cannulation, and intravenous therapy management.

The Action Learning Group has been reviewed with the H grade now the facilitator. Topics discussed were – GP communication; to resuscitate or not; and self-rostering. The emergency response protocol has been developed (1.13.2 Section 3.2).

### **2.3.2 Trust Organisational Responsibilities for Clinical Governance**

### **2.3.3 Ward Clinical Governance Arrangements**

### **2.3.4 HA Role as moves to PCT**

## 3 QUALITY OF PATIENT CARE

### 3.1 QUALITY INDICATORS

#### 3.1.1 Staff Attitude

The November 1999 divisional review, Key Governance indicators listed one complaint for the community hospitals section as at quarter two 1999:

- Mrs W – Minor injuries department. July 1999. Complaint re attitude of the nurse when the patient attended with her granddaughter (B.2.4 Section 2).

#### 3.1.2 Effectiveness and Outcomes

#### 3.1.3 Access to Services

The August 2000 divisional review noted that physiotherapy waiting lists were beginning to come down now that the new locality manager for Fareham and Gosport was in place. Long waits at Gosport WMH were still causing some concern (Section 3.5).

#### 3.1.4 Organisation of Care

#### 3.1.5 Humanity of Care

#### 3.1.6 Environment

The August 2000 divisional review, Key Governance indicators noted that GWMH taps were a risk issue in July 2000, as many clinical areas do not have mixer taps and scalding water is emitted from both mixer and non-mixer taps in some areas. A complete review of taps was scheduled to be undertaken in September 2000 with action plan for any required work (B2.1 Section 2). The February 2001 review noted that the review of all taps was undertaken and replacement costs calculated (1.13.2 Section 3.4.3).

## 3.2 STAFFING AND ACCOUNTABILITY

### 3.2.1 Workforce and Service Planning

The May 2000 divisional review highlighted the following workload issues:

- Physiotherapy – pressure on staff due to high referral rates. Long consultant waiting lists at QAH and GWMH, reflecting an increase in T&O consultants, with no increase in physiotherapy allocation.

OT affected by a blip in maternity, loss of activity to Mencap Home, errors (now coming under control), provision of individual rather than the more effective group therapy (B2.2 section 3).

The August 2000 divisional review included a proposal to reorganise how the occupational therapy service is delivered across the district (B2.1 appendix 1).

The May 2001 divisional review noted that the review of night staff skill mix at GWMH following the closure of the minor injuries unit had now been completed. This had had established some grading issues and recommendations will be implemented following discussions with staff concerned (1.13 Section 5.1 / 6.2). *{IH - Have we got this review??}*

### **3.2.2 Medical Staffing & Accountability**

### **3.2.3 Nursing Staffing and Accountability**

### **3.2.4 AHP Staffing and Accountability**

### **3.2.5 Other Staffing and Accountability arrangements**

### **3.2.6 Out of Hours Arrangements**

### **3.2.7 Team working**

### **3.2.8 Recruitment and Retention**

The February 2000 divisional review noted that staffing vacancies on night duty at GWMH had caused the closure of the minor injuries department on three occasions (B2.3).

The November 2000 divisional review highlighted, amongst other human resources issues, that it was difficult to recruit qualified night nurses. At the end of the quarter there were 11.8 wte vacancies for qualified nurses. This included the new demand for the intermediate care service. There were four exit interviews received from the twenty-two staff leaving the division in quarter two 2000/01. During 2000/01 absences were consistently lower in the Fareham & Gosport division than the overall trust figures (1.13.3 Section 6.1).

The February 2001 divisional review noted that there were four exit interviews received from the thirteen staff leaving the division in quarter three 2000/01. Absences continued to be consistently lower in the Fareham & Gosport division than the overall trust figures (1.13.3 Section 6.1).

The May 2001 divisional review noted that absence due to long-term sick leave had been high on Sultan ward during that quarter due to the clinical manager and senior staff nurse being away for a lengthy period (1.13 Section 6.2)

The August 2001 divisional review noted that following complaints at GWMH, staff morale remained low, with ongoing support being given (1.13.1 p1).

### **3.2.9 Schemes of Delegation**

## **3.3 GUIDELINES, PRACTICES & PERFORMANCE MANAGEMENT**

### **3.3.1 Patient Transfer**

The May 2001 divisional review noted that discussions have begun with service managers within Portsmouth Hospitals to introduce a more client centred service delivery, which should produce more robust discharges (1.13 Section 3.6).

The May 2001 divisional review noted that Sultan ward had been participating in the Portsmouth Hospitals planned hip replacement pilot, where surgery is carried out at Nuffield hospitals and the patient then transferred back to GWMH on day 5 (1.13 Section 7.1.1).

### 3.3.2 DNR

### 3.3.3 Palliative Care

### 3.3.4 Nutrition and Fluids

### 3.3.5 Patient Records

The November 2000 divisional review included an attached paper (dated 09/11/00) detailing “the most important clinical risk issues facing the division”. These included recording of CPR status in patient’s notes in Elderly Mental Health, associated with a lack of medical infrastructure in Fareham and Gosport. An action to address this is for consultants to regularly check notes written by junior staff. However, there is a time issue involved, and the view of the lead consultant is that there is insufficient medical support to these wards (1.13.3).

The August 2001 divisional review noted that, as a result of the recent enquiries, the culling of medical notes and x-rays was halted. This was beginning to cause storage problems within PHT. There was also concern within GWMH medical records department that due to the halt on microfiling, the storage space is becoming very congested and similar problems will follow there (1.13.1).

The August 2001 divisional review noted the following risk event for physiotherapy: Records were lost in transit between the physiotherapy departments at GWMH and Haslar, turning up later at Haslar. Problem arose because the envelope had been addressed to a specific named therapist who was away from the department for several weeks. In future mail will be addressed to the department and not a specific therapist (1.13.1).

### 3.3.6 Trust Performance Management Arrangements

### 3.3.7 Service Performance Management arrangements

### 3.3.8 Staff performance Management arrangements

### 3.3.9 Performance Indicators

The summary of staff/premises incidents for Q2 1999/00, as detailed in the November 1999 divisional review, highlighted that:

- There were fifteen incidents for GWMH – one on Daedalus, four on Dryad, three on Sultan. Details of incident or severity by ward were not available (B.2.4 Section 4).

The summary of patient incidents for Q2 1999/00, as detailed in the November 1999 divisional review, highlighted that:

- There were twelve incidents for Daedalus – 1 “bumped / caught in / struck by”; 7 falls (found on floor); 2 falls (seen/reported); 2 falls (slip / trip-seen / reported).
- There were five incidents for Dryad – 3 falls (found on floor); 1 fall (seen/reported); 1 skin (damage to).
- There were twenty incidents for Sultan – 1 “bumped / caught in / struck by”; 1 equipment failure; 9 falls (found on floor); 6 falls (seen/reported); 2 falls (slip/trip - seen/reported); 1 medical collapse.



Of these incidents four of those on Daedalus were near misses, eight were minor risk; one on Dryad was a near miss, the other four moderate risk; and five on Sultan were near-misses, fourteen were minor, with the other moderate risk (B.2.4 Section 4).

During Q2 1999/00, GWMH received 35 letters of thanks / donations (B.2.4 Section 4)

The summary of staff/premises incidents for Q3 1999/00, as detailed in the February 2000 divisional review, highlighted that:

- There was one incident for Daedalus –hazardous exposure (chemical / electrical)
- There was one incident for Dryad – scald / burn.
- There were nine incidents for Sultan - 1 assault (actual – victim), 2 assaults (verbal abuse – victim), 1 “bumped / caught in / struck by”, 4 manual handling (person), and 1 scald / burn.

All incidents were minor, with the incident on Dryad a near miss (B2.3 Section 2.4.1).

The summary of patient incidents for Q1 2000/01, as detailed in the February 2000 divisional review, highlighted that:

- There were seventeen incidents for Daedalus – 1 “bumped / caught in / struck by”; 10 falls (found on floor); 3 falls (seen / reported); 1 fall (slip / trip-seen / reported); 1 security (damaged property); 1 skin (damage to).
- There were thirteen incidents for Dryad –1 “bumped / caught in / struck by”; 7 falls (found on floor); 3 falls (seen/reported); 1 falls (slip/trip - seen/reported); 1 scald / burn.
- There were twenty-six incidents for Sultan –2 “bumped / caught in / struck by”; 13 falls (found on floor); 6 falls (seen/reported); 5 fall (slip/trip - seen/reported).

Of these incidents eight of those on Daedalus were near misses, eight were minor, the other moderate risk; seven on Dryad were near misses, the other six moderate risk; and five on Sultan were near-misses, with the other twenty-one moderate risk (B2.3 Section 2.4.1).

The May 2000 divisional review, risk assessment reports noted a high level of falls (found on floor) in Q4 1999/00, particularly on Mulberry Ward, and an overall increase of 50% in manual handling incidents.

The summary of staff/premises incidents for Q1 2000/01, as detailed in the May 2000 divisional review, highlighted that:

- There were four incidents for Daedalus –1 “bumped/caught in/struck by”; 1 manual handling (person); 1 other injury – non-patient related; and 1 staffing (nursing).
- There were three incidents for Dryad – 1 “bumped/caught in/struck by”; 1 infection risk (clinical sharp); and 1 manual handling (person).
- There were two incidents for Sultan - both manual handling (person).

All incidents were low risk with one each of the Dryad and Sultan incidents a near miss (B2.2 Section 2.4.1).

The summary of patient incidents for Q4 1999/00, as detailed in the May 2000 divisional review, highlighted that:

- There were sixteen incidents for Daedalus – 1 “bumped / caught in / struck by”; 1 choking; 9 falls (found on floor); 4 falls (seen / reported); and 1 infection risk (clinical sharp).
- There were ten incidents for Dryad –1 “bumped / caught in / struck by”; 7 falls (found on floor); 1 fall (seen/reported); 1 fall (slip/trip - seen/reported).

- There were ten incidents for Sultan –1 assault (actual-assailant); 5 falls (found on floor); 3 falls (seen/reported); 1 unexpected death.

Of these incidents two of those on Daedalus were near misses, the other fourteen were minor; one on Dryad was a near miss, the other nine were low risk; and seven on Sultan were minor, with one moderate risk and the other two incidents critical incidents (B2.2 Section 2.4.1).

The May 2000 divisional review noted two critical events at GWMH.

- A 67 year-old patient on Sultan ward, GWMH was found collapsed at 12:35 9 February 2000, no pulse or signs of respiration. CPR commenced and 9999 called. Attempt at resuscitation stopped at 12:52 (Section 2.4.2).

In the second, a 98 year old aggravated patient on Sultan ward, pinched and slapped members of staff and threw objects. The patient fell back hitting their head on a table; staff were unable to carry out an examination due to the patient attempting to bite staff. Duty doctor contacted (B2.2 Section 2.4.1).

May 2000 divisional review, Key Governance indicators listed, under critical incidents:

- A failed resuscitation attempt on Sultan ward. This was followed up with the team in a “structured and facilitated reflection”. Support was also sort from the resuscitation department
- An aggressive patient. An incident review was conducted and “links to Mulberry strengthened”
- Nine medication errors were reported across the community hospitals, six of these related to Fareham & Gosport (two of these were EMH patients). Of the remaining four “two were near misses, in that no inappropriate drugs were actually taken by the patient”. It was stated that the risk to the patient was negligible in both instances where inappropriate drugs were taken. All errors were followed up by the manager and remedial action (where required) agreed with staff member *{not stated what if any remedial action was actually taken}*. One of the nine errors was on Daedalus ward (Section 2.4.2).

The August 2000 divisional review, risk assessment reports noted a high level of falls (found on floor) in Q1 2000/01. There were 18 falls on Sultan (5 in previous quarter) with a note that there had been a rise in turnover and six recurrent fallers.

On Dryad there were 20 falls compared to 7 in the previous quarter with a note that there were a several patients admitted with dementia following fractured neck of femur. “Due to dementia and despite advising and repeatedly asking them not to move unassisted, they continue to attempt to mobilise”. In addition there were “at least five patients” who were recurrent fallers, with diagnoses of Parkinsons, CVA or dementia.

The summary of staff/premises incidents for Q1 2000/01, as detailed in the August 2000 divisional review, highlighted that:

- There was one incident for Daedalus –assault (actual – victim).
- There were two incidents for Dryad – 1 “bumped/caught in/struck by” and 1 infection risk (clinical sharp).
- There were three incidents for Sultan – 1 assault (actual – victim), 1 manual handling (person), and 1 security (missing property <£1000).

All incidents were low risk with one each of the Dryad and Sultan incidents a near miss (B2.1 Section 3.4.1).

The summary of patient incidents for Q1 2000/01, as detailed in the August 2000 divisional review, highlighted that:

- There were thirteen incidents for Daedalus – 11 falls (found on floor); 1 fall (slip / trip-seen / reported).
- There were twenty-four incidents for Dryad – 20 falls (found on floor); 2 falls (seen/reported); 2 falls (slip/trip - seen/reported); 1 medication error.
- There were twenty-nine incidents for Sultan – 1 “bumped / caught in / struck by”; 18 falls (found on floor); 7 falls (seen/reported); 1 fall (slip/trip - seen/reported); 1 medical collapse; and 1 scald/burn.

Of these incidents eleven of those on Daedalus were low risk (of which one was a near miss), the other two medium risk; twenty-three on Dryad were low risk, the other one medium; and twenty-seven on Sultan were low risk (of which two were near-misses), with the other two incidents medium risk (B2.1 Section 3.4.1).

The August 2000 divisional review noted one critical event (not a key governance issue). A 78 year-old patient on Mulberry ward, GWMH was found breathing rapidly. Doctors were in attendance when the patient stopped breathing and gave immediate CPR. Paramedics took the patient to Haslar Hospital where she died. This is dated as 08 May 2000 (B2.1 Section 3.4.2).

The August 2000 divisional review, Key Governance indicators listed, under critical incidents, a theft on 26/04/00 at the out patient department of a handset with tape in-situ from the clinic room. A search was undertaken and police informed. All staff were told to remove handsets and records immediately on completion of clinic (B2.1 Section 2).

During Q2 2000/01, GWMH received 44 letters of thanks / donations (1.13.3 Section 3.3)

The summary of staff/premises incidents for Q2 2000/01, as detailed in the November 2000 divisional review, highlighted that:

- There were seven incidents for Daedalus – 1 assault (actual-victim), 1 bullying/intimidation, 1 infection risk – disease exposure, 3 staffing (nursing), and 1 unsafe practice conditions.
- There were two incidents for Dryad – 1 fire (false alarm), and 1 staffing (nursing)
- There were six incidents for Sultan – 2 assaults (actual-victim), 1 staffing (nursing), and 3 unsafe practice conditions

Of these incidents five of those on Daedalus were low risk, the other two medium; both on Dryad and all six on Sultan were low risk (1.13.3 Section 3.4.1)

The summary of patient incidents for Q2 2000/01, as detailed in the November 2000 divisional review, highlighted that:

- There were twenty-four incidents for Daedalus – 18 falls (found on floor), 4 falls (seen-reported), and 2 falls (slip / trip-seen / reported).
- There were eight incidents for Dryad – 5 falls (found on floor), 2 falls (seen-reported), and 1 fall (slip / trip-seen / reported).
- There were nineteen incidents for Sultan – 2 “bumped / caught in / struck by”, 10 falls (found on floor), 4 falls (seen-reported), 2 falls (slip / trip-seen / reported), and 1 skin (damage to).

Of these incidents twenty-two of those on Daedalus were low risk, the other two medium; seven on Dryad were low risk, the other one medium; and all eighteen on Sultan were low risk with one of these being a near miss and no an actual incident (1.13.3 Section 3.4.1).

The November 2000 divisional review included an attached paper (dated 09/11/00) detailing “the most important clinical risk issues facing the division”. These were:

- Recording of CPR status in patient’s notes in Elderly Mental Health, associated with a lack of medical infrastructure in Fareham and Gosport. An action to address this is for consultants to regularly check notes written by junior staff. However, there is a time issue involved, and the view of the lead consultant is that there is insufficient medical support to these wards.
- Serious complaints at Gosport War Memorial. The emerging themes are nutrition and hydration, staff attitudes, and communications with carers. A meeting was arranged for the end of November between nursing and medical staff to begin to think about actions which might be taken to address the concerns raised in the complaints mentioned. *{IH - What was the outcome of this?}*
- Intermediate Care Provision. This is a new type of service and, whilst significant training and development is taking place to address perceived education need, the effect of this is untested. To address this a programme of training and development has been targeted at staff that will be working in intermediate care. The main problems associated with this are the number of staff to be put through the training and the methods of maintaining competence once training is complete. A trust-wide training and development group for community hospitals will remain part of the community hospitals clinical governance framework.

It was acknowledged that clinical risk issues had been, up to this point, dealt with in an ad-hoc and opportunistic manner (1.13.3).

During Q3 2000/01, GWMH received 34 letters of thanks with donations of £153.00 (1.13.2 Section 3.1).

The summary of staff/premises incidents for Q3 2000/01, as detailed in the February 2001 divisional review, highlighted that:

- There was one incident for Daedalus –staffing (nursing).
- There was one incident for Dryad – medical collapse
- There were four incidents for Sultan - 1 security (intruder), 1 skin (damage to), and 2 staffing (nursing).

Of these incidents the one on Daedalus was low risk; the incident on Dryad medium risk; and all four on Sultan low risk (1.13.2 Section 3.4.1).

The summary of patient incidents for Q3 2000/01, as detailed in the February 2001 divisional review, highlighted that:

- There were seventeen incidents for Daedalus – 9 falls (found on floor); 1 fall (seen-reported); 3 falls (slip / trip-seen / reported); 2 service failures (duty of care); 1 staffing (medical); and 1 staffing (nursing).
- There were eight incidents for Dryad – 1 “bumped / caught in / struck by”; 2 falls (found on floor); 2 falls (slip / trip-seen / reported); 1 medical collapse; and 2 staffing (nursing).

- There were thirty-six incidents for Sultan – 1 assault (actual-assailant); 2 “bumped / caught in / struck by”; 22 falls (found on floor); 3 falls (seen-reported); 3 falls (slip / trip-seen / reported); 1 security (missing property <£1000); and 4 staffing (nursing). Of these incidents sixteen of those on Daedalus were low risk, the other medium; seven on Dryad were low risk, the other one medium; and thirty-five on Sultan were low risk with the other medium risk (1.13.2 Section 3.4.1).

The February 2001 divisional review also notes that there were two incidents of whistle blowing in the EMH department at Redclyffe House, with investigations taking place (1.13.2 Section 3.4.2) *{IH – there were no further details}*.

During the period covered by this review, GWMH received 37 letters of thanks with donations of £1,426.00 (1.13 Section 3.1).

The summary of staff/premises incidents for Q4 2000/01, as detailed in the May 2001 divisional review, highlighted that:

- There were ten incidents for Daedalus – 1 bogus clinician; 1 “bumped / caught in / struck by”; 3 manual handling (person); 1 security (illegal entry); 1 security (public disorder); and 3 staffing (nursing).
- There were four incidents for Dryad – 4 staffing (nursing).
- There were eleven incidents for Sultan – 1 assault (actual – victim); 1 manual handling (object); 2 manual handling (person); 1 medicines management; 5 staffing (nursing); and 1 unsafe practice conditions.

Of these incidents the nine on Daedalus were low risk, the other medium risk; the four incidents on Dryad low risk; and nine incidents on Sultan were low risk with one medium risk and the other high risk (1.13 Section 3.4.1).

The summary of patient incidents for Q4 2000/01, as detailed in the May 2001 divisional review, highlighted that:

- There were fourteen incidents for Daedalus – 2 “bumped / caught in / struck by”; 2 external provider; 6 falls (found on floor); 1 fall (medical collapse seen-reported); 1 fall (seen-reported); 1 fall (slip / trip - seen / reported); and 1 manual handling.
- There were five incidents for Dryad – 2 equipment (causing injury); and 3 falls (found on floor).
- There were forty-eight incidents for Sultan – 2 abscondment (actual); 1 “bumped / caught in / struck by”; 7 external provider; 25 falls (found on floor); 4 falls (seen-reported); 1 falls (slip / trip-seen / reported); 1 inappropriate admission; 1 manual handling; 3 medical collapse; 1 risk behaviour no injury; and 2 security (missing property <£1000).

Of these incidents thirteen of those on Daedalus were low risk, the other medium; seven on Dryad were low risk, the other two incidents medium risk; and forty-five incidents on Sultan were low risk with one other medium risk and two high risk (1.13 Section 3.4.1).

The summary of staff/premises incidents for Q1 2001/02, as detailed in the May 2001 divisional review, highlighted that:

- There were eight incidents for Daedalus – 1 “bumped / caught in / struck by”; 1 fire (false alarm); 1 infection risk (clinical sharp); 1 manual handling (person); 1 sharp – non-clinical; and 3 staffing (nursing).
- There were two incidents for Dryad – 2 staffing (nursing).

- There were eleven incidents for Sultan – 1 external provider; 1 fire (false alarm); 1 harassment (sexual); 2 manual handling (person); 1 security (dangerous / illicit goods); 2 security (intruder); 3 staffing (nursing).

Of these incidents the five on Daedalus were low risk, the other three medium risk; the two incidents on Dryad low risk; and nine incidents on Sultan were low risk with two medium risk (1.13 Section 3.4.1).

The summary of patient incidents for Q1 2001/02, as detailed in the May 2001 divisional review, highlighted that:

- There were thirty-four incidents for Daedalus – 2 “bumped / caught in / struck by”; 1 external provider; 15 found on floor; 1 fall (medical collapse seen-reported); 8 falls (seen-reported); 3 falls (slip / trip - seen / reported); 2 medical collapse; 1 security (missing property <£1000); and 1 skin (damage to).
- There were seven incidents for Dryad – 4 found on floor; 1 fall (seen – reported); 1 medicines management; and 1 sharp – non-clinical.
- There were sixty incidents for Sultan – 1 assault (verbal abuse assailant); 2 “bumped / caught in / struck by”; 8 external provider; 26 found on floor; 5 falls (seen-reported); 4 falls (slip / trip-seen / reported); 5 medical collapse; 3 medicines management; 5 security (missing property <£1000); and 1 service failure (data protection).

Of these incidents twenty-eight of those on Daedalus were low risk, five medium risk and one high risk; six on Dryad were low risk, the other one medium risk; and fifty-five incidents on Sultan were low risk with four medium risk and one high risk (1.13 Section 3.4.1).

### 3.3.10 Complaints

The November 1999 divisional review, Key Governance indicators listed one complaint for the community hospitals section as at quarter two 1999:

- Mrs W – Minor injuries department. July 1999. Complaint re attitude of the nurse when the patient attended with her granddaughter (B.2.4 Section 2).

The February 2000 divisional review, Key Governance indicators listed three complaints considered in the quarterly divisional review for the community hospitals section:

- Mrs S – Daedalus. Complaint re care to her father. Seen by BR *{IH - who he/she?}* plus follow-up letter – appears resolved.
- Mrs P – Dryad. Complaint now approaching Ombudsman

Mrs L and Mrs McL re late Mrs R – Police investigation continues (B2.3 Section 2.1).

The May 2000 divisional review, Key Governance indicators listed 3 formal complaints considered in the quarterly divisional review for the community hospitals section:

- Late Mrs P – Dryad. No further information regarding complainant seeking criminal investigation.
- Mrs L & Mrs K, re late Mrs Richards – Police enquiry continues. Further question asked by DCI Burt – letter of 8.2.00. Awaiting MDU confirmation prior to sending letter.
- Mrs R and Mr D re Mrs Devine – Initial complaint answered and apologies made (via meeting with relatives) for service failings. June 2000. Being investigated, report available, letter waiting to go. *{No further details of complaint}* (B2.2 Section 2.1).

Other complaints listed were:

- For physiotherapy, verbal abuse by a patient led to a complaint regarding staff attitudes. Action in response to complaint was for staff training in management of aggression, due in October 2000.
- A formal complaint by Mrs R – Sultan Ward. There were concerns regarding the care of her husband and lack of facilities at GWMH. An investigation was completed, with a report to go to the trust central office week commencing 17<sup>th</sup> July, in response to Mrs R.
- A formal complaint by Mr T about having to wait six months for physiotherapy at Gosport. The GP referral was for a routine appointment. It was noted that there was a long wait for treatment at Gosport. Mr T offered earlier appointment elsewhere in the trust.

There was an informal complaint regarding OT. A project group consisting of district nursing, OT, discharge co-ordinators and joint loan store representatives met to consider 'near misses' identified by District Nursing following hospital discharge. A frank and open discussion led to a much clearer understanding by all parties as to what in fact was happening, and a follow-up meeting led to recommendations being considered by the city general manager (B2.2 Section 3.1).

August 2000 divisional review, Key Governance indicators listed 4 complaints considered in the quarterly divisional review for the community hospitals section:

- Mrs R – Daedalus. Started Aug 1998. Police enquiry complete.
- Mrs D – Dryad. Started 06/01/00. Awaiting response from Independent Review Convenor.
- Mr W – Dryad. Start date November 1998. Result awaited from Ombudsman.
- Mrs B – Dryad Ward. June 2000. Being investigated, report available, letter waiting to go. *{IH - No further details of complaint}* (B2.1 Section 2).

Other complaints listed were:

- For physiotherapy, verbal abuse by a patient led to a complaint regarding staff attitudes. Action in response to complaint was for staff training in management of aggression, due in October 2000.
- A formal complaint by Mrs R – Sultan Ward. There were concerns regarding the care of her husband and lack of facilities at GWMH. An investigation was completed, with a report to go to the trust central office week commencing 17<sup>th</sup> July, in response to Mrs R.
- A formal complaint by Mr T about having to wait six months for physiotherapy at Gosport. The GP referral was for a routine appointment. It was noted that there was a long wait for treatment at Gosport. Mr T offered earlier appointment elsewhere in the trust.
- There was an informal complaint regarding OT. A project group consisting of district nursing, OT, discharge co-ordinators and joint loan store representatives met to consider 'near misses' identified by District Nursing following hospital discharge. A frank and open discussion led to a much clearer understanding by all parties as to what in fact was happening, and a follow-up meeting led to recommendations being considered by the city general manager (B2.1 Section 3.1).

A review of five ongoing complaints relating to three different areas in Gosport WMH, suggest some emerging themes. This will be the subject of a meeting in November to discuss and agree actions. (1.13.3 Section 1.2.1)

*{IH - Handwritten note states that this was to be discussed in early December when a member of staff returned (from where?). Did this meeting happen? What were the 3 themes and 5 complaints?}*

Key Governance indicators listed 3 complaints considered in the quarterly divisional review for the community hospitals section for quarter 2 2000/01:

- Mrs R – Daedalus. Started Aug 1998. Police enquiries complete. Awaiting next stage. *{IH - Handwritten note suggests awaiting CPS review of case}*
- Mrs D – Dryad. Started 06/01/00. Note states that there is a delay with independent lay chair and clinician, now resolved.
- Mr W – Dryad. Start date November 1998. Awaiting response from Ombudsman.

Other complaints listed were:

Formal

- Mrs R – 06/00. Concerns re care of husband and lack of facilities. Response 01/08/00 – Resolved.
- Miss W – 08/00, Sultan ward. Concerns re care for mother (now deceased). Investigations completed. Response sent 14/09/00. Complainant and sister remain dissatisfied. Further information requested from PHT (see 1.2.1)
- Miss B – 06/00, Dryad ward. Re Mrs G (no other details). Response sent 22/08/00 (see 1.2.1)
- Mrs N, EVCH. Complaint re father (Mr S), an inpatient at EVCH on 1<sup>st</sup> floor of building. Mr S was agitated and confused, he had been missing for short time when his family visited. Mr S had left via an unlocked fire door and fire escape. Mr S had been taken to a HCSW shortly before leaving the building. During the next day, temporary alarms were fitted to the fire doors (discussed with fire safety officer). Estates department have been requested to fit permanent alarms as soon as possible.

Informal

- Mrs P regarding repeated cancellation of appointments. Apology given and situation resolved to complainants satisfaction.
- Two sets of relatives of patients on Rowan ward identified problems with communications with nursing staff. In both instances patients had been admitted under the pilot GP-bed scheme. Anxieties and concerns were expressed by relatives that patients were waiting for nursing home placements and relatives were under the impression that patient was nearing the 14 day limit of their admission. Nursing staff reviewed the quality of communications with relatives and adapted information given when patients are transferred i.e. less emphasis on the 14 day / two week expected length of stay.
- One EMH patient (ward not stated). Complaint 07/00 from Mrs P re loss of Mrs A's property. Resolved. (1.13.3 Section 3.1)

Key Governance indicators listed 3 complaints for Q3 2000/01 considered in the February 2001 quarterly divisional review for the community hospitals section:

- Mrs R – Daedalus. Started Aug 1998. Awaiting response from CPS. Action plans produced for managing result in response to meeting with staff.
- Mrs D – Dryad. Started 06/01/00. Date for independent review awaited. Staff aware.
- Mr W – Dryad. Start date November 1998. Result awaited from Ombudsman.



Other complaints listed were:

Formal

- Miss W – 08/00, Sultan ward. Investigations completed. Family remain dissatisfied. Information sought from PHT and shared with family at meeting in December 2000. Further letter sent January 2001. No response yet.
- Miss W (Sultan); Mrs R, Mr W and Mrs B (Dryad), and Mrs R (Daedalus). Review of these complaints led to workshops focussed on nutrition and drinking, communications with relatives, and attitudes of staff. The plan for 2001/02 is to share the results of the workshop and subsequent work in community hospitals clinical network meeting (1.13.2 Sections 3.1 and 3.7).

Key Governance indicators listed 3 complaints considered in the quarterly divisional review for the community hospitals section:

- Mrs R – Daedalus. Started Aug 1998. Awaiting response from CPS.
- Mrs D – Dryad. Started 06/01/00. Independent review panel date set for 22/05/01.
- Mr W – Dryad. Start date November 1998. Ombudsman report received Apr 01; complaint not upheld.

Other complaints listed were:

Formal

- Miss W – 08/00, Sultan ward. Further letter sent January 2001. Nil response. Assume resolved.
- Miss W (Sultan); Mrs R, Mr W and Mrs B (Dryad), and Mrs R (Daedalus). Review of these complaints led to workshops focussed on nutrition and drinking, communications with relatives, and attitudes of staff. The plan for 2001/02 is to share the results of the workshop and subsequent work in community hospitals clinical network meeting (1.13 Sections 3.1 and 3.7).

Key Governance indicators listed 3 complaints considered in the quarterly divisional review for the community hospitals section:

- Mrs R – Daedalus. Started Aug 1998. Response from CPS received (no detail). Awaiting outcome of further investigations by Police / UKCC.
- Mrs D – Dryad. Started 06/01/00. Independent review panel held 22/05/01 – no further details

There was also mention of a critical incident (EMH) regarding medical cover on Mulberry ward. The lead consultant followed up with the GP trainer of staff grade. Issue was listed as resolved July 2001.

Other complaints listed were:

Formal

- Mr P-H – 10/05/01. The complaint was regarding transfer arrangements for his mother and aspects of care. Meeting held with Mr P-H, apology sent with explanation from GP in letter re transfer. Resolved

Informal

- Mr B – 04/01. Complaint re Mrs B fall and fracture neck of femur. Discussions taking place with JP {?} and ward staff.

During the period covered by this review, GWMH received 36 letters of thanks with donations of £507.00 and a television (1.13.1 Section 2.2).

## **3.4 MEDICINES**

### **3.4.1 Prescribing**

### **3.4.2 Administering**

### **3.4.3 Drug Review**

### **3.4.4 Drug Recording**

## **3.5 COMMUNICATION AND COLLABORATION**

### **3.5.1 Patients**

The February 2001 divisional review noted that the outpatient forum was working on a survey, and they were aiming to achieve uniformity, support for each other and share good practice. The focus for 2001/02 is to make booking systems more patient centred and accessible (1.13.2 Section 3.7).

### **3.5.2 Relatives and Carers**

### **3.5.3 Primary Care**

### **3.5.4 Acute Sector**

### **3.5.5 With Health Authority**

November 1999 divisional review, noted the general manager had written to the health authority, advising them of the continued financial pressure and demand for heavily dependent patients in respite care. At the time of the report, no response had been received (B.2.4 Section 1).

**3.5.6 With Haslar Hospital****3.5.7 With Social Services****3.5.8 With Local Nursing Homes****3.6 END OF LIFE****3.6.1 Arrangements for Patients****3.6.2 Arrangements for relative/cares****3.6.3 Arrangements to Support Staff****3.6.4 Cultural, Spiritual needs****3.7 SUPERVISION AND TRAINING****3.7.1 Medical Supervision and Training****3.7.2 Nursing Supervision and Training**

Daedalus ward at GWMH was identified, in the November 2000 divisional review, as one of three priority areas for training and development to meet intermediate care provision in community hospitals. The three wards Daedalus, Cedar ward at PCH and Shannon ward at SCH) were identified as having being areas where change of bed use is greatest i.e. from continuing care to more acute rehabilitation (1.13.3 Section 3.6).

The February 2001 divisional review noted that the training and development programme was progressing. The training and development group have identified a baseline of skills required to enable nursing staff to meet the needs of patients under the various intermediate care schemes. ALERT training teams are now based in F&G, H&P and elderly services, and these will be co-ordinating training for their respective areas. Over 100 qualified nursing staff have been trained on the use of automated external defibrillators (AED), and AED is now available for use on a number of wards, including Daedalus and Dryad at GWMH (1.13.2 Section 3.6).

**3.7.3 AHP Supervision and Training****3.7.4 Other Staff Supervision and Training****3.7.5 Induction****3.7.6 Mandatory Training**

## 4 HOW LESSONS HAVE BEEN LEARNED

### 4.1 COMPLAINTS

#### 4.1.1 Trust Management of Complaints

The August 2001 divisional review noted that investigations into elderly mental health resulting from allegations made by a staff member at Redclyffe house were nearing completion. The report stated that it was likely that a project group involving staff reps would be set up to agree an action plan and monitor progress (1.13.1). *{IH - Do we have details? Is it relevant to the investigation?}*

The August 2001 divisional review noted that a number of investigations into allegations made by a member of staff.

#### 4.1.2 Ward Management of Complaints

#### 4.1.3 Trust Lessons learned

The November 2000 divisional review included an attached paper (dated 09/11/00) detailing “the most important clinical risk issues facing the division”. The included serious complaints at Gosport War Memorial. The emerging themes are nutrition and hydration, staff attitudes, and communications with carers. A meeting was arranged for the end of November between nursing and medical staff to begin to think about actions which might be taken to address the concerns raised in the complaints mentioned (1.13.3). *{IH - What was the outcome of this?}*

The February 2001 divisional review includes a quality report, which noted that a review of management of a recent police investigation revealed areas for development for the organisation. Actions included a plan to deal with the results of the CPS review and a procedure to be developed to ensure lines of communication and staff and family support are co-ordinated, should there be any future investigation of this nature (1.13.2 Section 3.7).

The May 2001 divisional review provided feedback from the analysis of complaints workshop held on 27 February 2001. From five complaints received between 1998 and 2000, three themes emerged – communication with relatives, attitudes of staff, and eating and drinking. Those present at the workshop agreed that communication was probably the most significant, as it impacted on the other two themes. It was recognised that the complaints were quite old, but still current and that a number of changes had already taken place. It was agreed that there was a need to deal with the perceptions held by the complainants, whether staff agreed with the complaints or not. It was also highlighted that during a period at the end of 1998 and early 1999, the wards were under some pressure. The workshop considered a number of issues:

- Things done since 1998
- The issues for staff / barriers to good communication with relatives
- What good communication with relatives would look like, and
- Ideas for achievement

Actions from the workshop included further workshops for staff, a review of bleep-holder problems / issues, the establishment of a working group, and a survey of patients / relatives views (1.13 Section 7.1.2).

*{IH – This last was for end of June, have we received this / seen evidence of a survey? - YES}*

#### **4.1.4 Ward Lessons learned**

#### **4.1.5 Complaints training**

4.1

## 5 SPECIFIC POLICIES

PHNT has a corporate policy, adopted in June 1995 and revised in August 2000, setting out the arrangements for the management and development of trust policies. The policy adopts the following principles:

- Integration with the trust's normal management and clinical governance arrangements
- Communication with staff to ensure understanding of the reasons for policy development
- Availability of policies to all staff who need them
- Regular review and audit to ensure compliance

The policy identifies the business manager in the trust central office as responsible for maintaining a central register of policies, sets out what information is to be kept on this register, and how policies will be distributed to relevant people in the trust. The policy also sets out which headings should be used to group the contents of policies that are being developed, which groups should be involved or consulted with, and how often they should be reviewed (2.4.1).

### 2.4.2 – Handling Patient related complaints – corporate policy

PHNT has a policy, produced in January 1997 and updated in January 2000, detailing how staff should effectively deal with complaints. The policy was based on the March 1996 NHS Executive document "*Complaints: Guidance on the Implementation of the NHS Complaints Procedure*"; and also incorporates suggestions made by complainants in a local survey carried out in 1995. The policy sets out the trust and NHSE requirements for acknowledging complaints, and the general guidelines for investigating and formally responding to complainants. The quality manager updated the complaints policy in January 2000, with the next review date given as January 2001 (2.4.2).

PHNT has a risk management policy, approved in October 2000, which sets out the framework for implementing the trust's risk management strategy. The policy is intended to link all national risk management standards, including controls assurance, clinical governance, corporate governance, and CNST; it covers clinical, non-clinical, organisational and financial risks. The policy identifies the trust board and chief executive as having overall responsibility for risk management across the trust. The finance director is executive lead for risk management and organisational controls assurance, the medical director the executive lead for clinical risk and clinical governance. The policy also states the responsibilities of the risk management group, health & safety committee, quality managers, risk advisers, and all other committees, managers and staff. The risk management policy sets out the requirements for identifying, assessing and prioritising risks, along with what is expected in action plans to tackle the risk (2.4.3).

PHNT has a recording and reviewing risk events policy, produced in 1994 and updated in December 1999 and April 2001, which sets out the system to be used by staff for recording, reporting and reviewing all risk events and near misses. The stated purpose of the system is to:

- Provide data which will alert the organisation as a whole to conditions of risk,
- Promote action aimed at preventing further incidents from occurring
- Promote action aimed at minimising the actual or potential consequences of the event
- Ensure other NHS organisations and external agencies who need to know are made aware of the incident (e.g. primary care trusts, health authority, regional office, police, social services)

The policy defines what is meant by risk events and near misses and states the procedures to be followed for reporting risk events and serious adverse incidents, internally and externally. The policy also defines the roles and responsibilities of staff, and includes guidelines on how to carry out a critical incident review (CIR) (2.4.4).

PHNT has a whistleblowing policy, produced in June 1998. This which sets out the processes for staff to report matters of concern regarding patient care, service provision, poor resources, or unsuitable environment that have not been dealt with adequately by normal processes. The policy states that the trust is committed to openness and opportunities for all employees to contribute ideas, express concerns and question the decision of others, including those in positions of authority. The policy will:

- Provide a way for employees concerned about the care or safety of clients / patients to speak out in the event of other procedures failing or being exhausted
- Encourage staff to challenge if they believe others are acting in an unethical way
- Make clear that victimisation or retribution against those who use the policy will not be tolerated, and protect those who appropriately speak out in line with the policy
- The policy can also be appropriately used where concern over staff safety, corporate governance or use of NHS resources are an issue

The policy will be monitored as part of staff satisfaction surveys, through identification of problems and action taken, and through discussions with trade unions via staff representatives (2.4.5).

PHNT has a resuscitation status policy, produced in October 1995 and revised in January 2000, which sets out the system to be used by staff for deciding and recording decisions on the resuscitation status of the patient. The policy also gives guidance on when to communicate decisions on resuscitation status to patients and relatives (2.4.6).

PHNT has a policy for the prevention and management of pressure ulcers, produced in February 2001. The policy adopts the Royal College of Nursing (RCN) 2000 guidelines in its entirety, with some local specific additions for PHNT. The policy also incorporates a January 2001 revised version of the local approved guideline for the assessment and management of wounds, first written in 1994 (2.4.7).

## **6 ANYTHING ELSE THAT DOESN'T SEEM TO FIT**

### **6.1 FIRST THING**

6.1

### **6.2 SECOND THING**

6.2