

## Recommendation 1

Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth Healthcare NHS Trust in order to develop the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should ensure an appropriate performance monitoring tool is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.

### *Objective*

The recommendation is partly about building on positive aspects of leadership developed by the community trust, unclear how this is to be fulfilled.

### *Action*

- Unclear how Operational Director for secondary care could impact on this recommendation.
- 3<sup>rd</sup> bullet point seems to be the key, does this need a higher prioritisation?
- 4<sup>th</sup> bullet - how would regular clinical/management meetings contribute to recommendation, ie what would it discuss?

### *Accountability*

As is a joint recommendation would suggest a single person taking forward on behalf of other organisation.

### *Intended outcome*

Would suggest some reference to leadership element of recommendation.

## Recommendation 2

Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.

### *Action*

- Suggest stressing need to establish a dialogue with GPs and seen their agreement.
- Is there any scope for an audit of recent admissions to determine casemix.

- Important to engage nurses in any meeting.

### *Accountability*

Should GPs have some degree of accountability?

### **Recommendation 3**

The East Hampshire PCT and Fareham and Gosport PCT should review all local prescribing guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards.

### *Action*

- 1<sup>st</sup> bullet - given ongoing investigative interest is December 2003 an over long timetable?
- 3<sup>rd</sup> bullet - unsure of relevance to recommendation.
- Would suggest a key to this recommendation is the complete engagement of the pharmacy service.

### *Intended outcome*

Could this be strengthened to make explicit the need to have clear, agreed, appropriate local guidelines in place with a monitoring system in place to ensure that these are adhered to.

### **Recommendation 4**

The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in casemix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.

All ok.

### **Recommendation 5**

As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of all medicines on wards caring for older people. This should include a review of recent diamorphine prescribing on Sultan ward. Consideration

must be given to the adequacy of IT support available to facilitate this.

*Action*

- Are there any current diamorphine guidelines on Sultan ward?

**Recommendation 6**

The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription, administration, review and recording of medicines for older people.

*Action*

- Unclear how GPs will be trained, will they have personal training plans?

*Monitoring*

Frequency of prescribing audit, is this referring to legibility also?

**Recommendation 7**

All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The Fareham and Gosport PCT and East Hampshire PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.

*Action*

- Recommendation does not suggest review of complaints policy (3<sup>rd</sup> bullet).

*Monitoring*

Is there a role for the trust boards here through regular complaints monitoring reports.

**Recommendation 8**

Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours.

All ok.

#### **Recommendation 9**

Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.

##### *Objective*

The recommendation is also too a general one to increase daytime activities. Suggest looking outside the role of the Activities Coordinator also, e.g. more use of books, games, talking books etc. Is there an Activities Coordinator working group already?

#### **Recommendation 10**

The Fareham and Gosport PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the *Essence of Care* guidelines.

##### *Accountability*

What is the role of the nurse director in this?

#### **Recommendation 11**

Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.

This recommendation is all about staff communication. Would suggest references to Patient and Public involvement be removed.

##### *Action*

- More information on Review Nurses Directory and relevance to recommendation.

### Recommendation 12

Within the framework of the new PALS, the Fareham and Gosport PCT should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to improve communication with older patients and their relatives and carers.

Recommendation talks about specialist advice on best way to improve communication with older people, unclear how plan to tackle this.

#### *Intended outcome*

Could this include a decrease in the number of complaints relating to communication?

### Recommendation 13

The provision of out of hours medical cover to Daedalus, Dryad and Sultan wards should be reviewed. The deputising service and PCTs must work towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework.

#### *Action*

- Should there be some agreement as to the general philosophy of care before work is begun?
- Is there a agreement non-consultant out of hours cover?
- 2<sup>nd</sup> bullet - unclear how reviewed Sultan admissions criteria would impact on out of hours cover.

### Recommendation 14

The Fareham and Gosport PCT and the East Hampshire PCT should ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.

#### *Action*

- Possible linking of this recommendation to recommendation 3?

- Unclear how this now would be facilitated with acute and nursing home sector?

#### *Constraints*

The acute sector not adhering to jointly agreed criteria?

#### *General*

The CHI case not review highlighted increasing levels of dependency on Sultan ward i.e. patients sicker – how would these patients be transferred onto Daedalus Dryad?

#### **Recommendation 15**

The Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.

#### *Accountability*

Role of nurse director?

#### **Recommendation 16**

The Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs.

Is there any plan to integrate consultant appraisal processes with that of clinical assistants?

#### *Intended outcome*

Could developed guidance be shared proactively with other PCTs?

#### **Recommendation 17**

Fareham and Gosport PCT and East Hampshire PCT should ensure that the learning and monitoring of action arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.

*Action*

- At last bullet point commitment to sharing trends at ward level.

**Recommendation 18**

Both PCTs involved in the provision of care for older people should ensure that all staff working on Dryad, Daedalus and Sultan wards who have not attended customer care and complaints training events do so. Any new training programmes should be developed with patients, relatives and staff to ensure that current concerns and the particular needs of the bereaved are addressed.

Recommendation refers to the particular needs of the bereaved, unclear how this will be incorporated.

*Action*

- Unclear how patients relatives and staffs will influence the training.

**Recommendation 19**

The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.

All ok.

**Recommendation 20**

All staff must be made aware that the completion of risk and incident reports is a requirement for all staff. Training must be put in place to reinforce the need for rigorous risk management.

Need to ensure that GPs working on Sultan ward will be made aware of requirement to complete risk and incident reports.

**Recommendation 21**

Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to ensure that appropriate action is taken.

All ok + possible link to recommendation 20

**Recommendation 22**

The Fareham and Gosport PCT and East Hampshire PCT should consider a revision of their whistle blowing policies to make it clear that concerns may be raised outside of normal management channels.

All ok.