

A Trust Strategic

Intermediate care and rehabilitation services - PCG

Proposals: enhanced therapy support for therapy beds - £50,000
 Creation of post acute beds at AWMH £250,000

GWMH = 36 NHS cont care. 8 slow stream stroke beds + 22 GP

Proposed reconfig.

Daedalus	24 comm. Rehab.
Dryad	20 cont care
Sultan	24 GP

User Involvement Framework Undated

- Diversity Matters project?
- What are formal links with local user support groups? Changes to service provision should be openly advertised and support groups notified.
- Trend analysis of complaints and action plans annually.
- Implementation of weekly (?) checks with clients?
- How is framework monitored trust-wide?
An annual report within quarter?
- Examples of positive change to improve care showing implementation of framework.

B Service Strategy

Elderly Medicine - Services Provided

- Good practice info sharing on continuing care between St Christopher's and Petersfield and links with stroke care?

Community Hospitals

- Service Manager – Senior Nurse – Dual Managerial and nursing accountability arrangements?
- General Manager – Operational Manager – dual managerial and nursing accountability arrangements?

NSF Steering Group TOR

- Dr Lords input?

Fareham and Gosport Older People's Locality Implementation Group

- Stroke action plan?
- Stock take of systems used to gather feedback from users has been carried out as basis for further work – evidence?

C Quality

GWMH - Patient Survey Action Plan

- Toni Scannell – Skill mix review x 3 wards – outcome?
Staff attitude raise at clinical managers meeting – outcome?

Nursing Practise Audit

- Excellent on all 3 wards?

D Staffing & Accountability

Medical Staff Handbook

- Dr Lord and new? Locum – when appointed?
- Why is continuing care one of the most contentious and potentially controversial part of the service?
- Cognitively able to follow programme and have condition potentially capable of recovering? – in practice how often stray from this?
- Palliative Care - @ QAH – link with GWMH – examples?

One year on: Aspects of Clinical Nursing Governance in the Department of Elderly Medicine September 2001-12-14

- Instigated as a result of high staff turnovers – improved?
- Short term bed closures – due to lack of staff – when started? Any improvements?
- Nurse consultant (stroke and Relief) – outcomes?
- Exchanging experience and skills – elderly medicine and elderly mental health – any progress?
- Senior nurse input into bed management
- Night duty – how (?) carry 24 hr responsibility for patient care – what happened before? Since when? How will role develop to meet this?
- How will essence of care benchmarks be used?
- Ward environment budgets – impact? X 2 posts introduced in August 2000
- Better planning for peak / holidays
- An audit of sources of high patient need should be undertaken? Impact?
- Strategy for nursing older people should be developed – has it?

Night Skill Mix Review

- Done in November 2000 prior D Grades regularly in charge of wards at night
 - Why Dryad short of an E Grade Dec 1999?
 - Daedalus – 3 D Grades vacant – still the case?
 - Which option was taken?
- Impact of any changes?

E Guidance

Daedalus admission guidelines 2000

- Dr Lord circulated for comment – where any received/incorporated?
- Out of hours/weekends?

General Policies

- How developed/reviewed?
- Awareness
- Multidisciplinary involvement?
- How impact on patient care/quality?
-

F Drugs

Prescription Writing Policy

- How staff made aware of policy?
- Update since 1998?
- Impact of audit and RM?
- Weighing of Patients?
- 43 (e) what happens in practice?
 - medicines which require frequent admin should be referred to a Doctor for prescribing - what happens in practice?
- Telephone orders – 12 hours sig. by Doctor
 - Can be accepted by registered nurse

Pain Assessment

- Awareness of policy?
- What is local 'agreed' patient assessment method?
- How, give examples, are carers/relatives involved in patient assessment?
- 'Prescription must be written by medical staff following diagnosis of patient'?
- Use of syringe driver prescription sheet?

Programme for updating qualified staff

- When staff last updated / by whom?

Checking role for Support Worker

- HCSW – who assists with controlled drugs?
- How often refresher training given?
- Training recorded?
- How would HCSW raise a concern if something wrong? Is this covered in the training?

Control of Admin of Medicines by Nursing Staff

- Use of controlled drugs register?
- How does nurse know HCSW is competent to check drug?
- Approved list – how accessed?
- How inform doctor if prescribed drug cannot be given?
- Management of drug error?
- Register of signatures?
- Was policy received in Jan 1998?
Most current policy?

Medicines Management Standards

- Low scores:-
 - Accountability 65%
 - CPD 60%
 - Risk Management 70%Steps to address?
Accountability chart – MD when?

Trust Board Structure

- Role of pharmacist?

Neuroleptic Prescribing in Elderly Medicine 1998/99 Audit

- Audit conclusion – that neuroleptics all not being reviewed as regularly as should be – plans to address?
- How are 6 week reminders tracked? Eg ward diary?
- Role of ward pharmacist in review?
- Possible re audit in Jan 2000? – Was this undertaken? – current plans?

G Communication

Training on Demand

- Take up of training?

Patient Survey

- Action Plan
- Skill mix review x 3 wards
 - Trial of 24 hr beverage round
 - Staff attitude awareness cascade

H End of Life

Talking with Dying Patients 1994 - 98 HCSW

- Attendance since 1998?

Loss Death & Bereavement

- Follow up outcomes/attendance with HCSW

I Supervision & Training

Procedural Statement IPR

- Check follow up with all staff
- Check evidence of Personal Development Portfolio
- Check review/update of Job Description annually

IPR Audit

- How bank/agency staff IPR'd
- Why fall in IPR annual rate from 87.5% (99) to 57% (00)
- Manager training in IPR appraisal?

Introduction to GWMH (Sultan) for student nurses

Introduction to Daedalus Ward

- MRSA
- Controlled drugs not allowed over phone but by internal post – in practice?

Induction Training

- Take up? – Feedback?
- Receipt of staff handbook?
- Mandatory training – take up – process for ensuring?

Clinical Nursing Development (1998)

- Who has been on programme?
- Impact on patient care/ relations?

RCN Gerontological Nursing Programme

- Take up and impact?

Evaluation of Clinical Supervision Activity in Nursing

- Following questionnaire, Elderly Medicine reported lowest level of satisfaction – why?
- 1999 agreement to introduce clinical supervision to all staff in 2 years – has this happened?
- Elderly Medicine one of lowest results for receipt of clinical supervision in 1999 – has this improved?

Policy Statement – Training and Education

- How is training linked into patient care / complaints / business planning?

J Complaints

- How are complaints linked into clinical governance framework?
- How are themes monitored
- How has trust learned?
- Who investigates – when does doctor become involved in the response?
- What info does Board receive?
- Are all complainants told of right to request an IRP?

K Clinical Governance

Clinical Governance Development Plan 2001/02

- How have new/emerging PCT's been involved in PHCT developments?
- PALS and Patient Forum expectations taken forward on experimental basis within Department of Medicine for Elderly? – Outcomes?
- Gerontological Nursing Programme – advisory group include patient orgs and League of Friends?
- User input into DNR policy – outcome / benefit?
- What are significant achievements in Risk Management of medicines management
- Pain management policy dev from a critical incident – has this been audited?

Clinical Governance – Annual Report 99/00

- Role of Nurse Director in Clinical Governance?
- TB mentor with responsibility?
- How have staff been encouraged to record critical incidents/drug errors?

Minimum Expectations from April 2000

- Clinical audit framework?
- Greater number of re-audits planned where practice has changed to demonstrate effectiveness? – outcomes/ examples?
- Impact of Core Key Print outs from elderly wards?
- Policy for managing poor performance needs further work – outcome?
- Implement a system by 30/9/00 to ensure complaint follow up undertaken by ¼ by Divisional Reviews? How used this info?
- Framework by March 2001 to include patient views into service planning – was this done? Improvement?

Clinical Governance – Annual Report 2000/01

* Attachment C

Performance indicators – discharge within 56 days of emergency admission – trust performance below average – why?

Risk Management Strategy

- Reporting arrangements for clinical Risk Advisor to both MD and Quality Manager
- Role of Nurse Director in Clinical Risk?

Development of Intermediate care & rehabilitation within Gosport Locality (undated)

- Planned change of use of Daedalus – 8 slow stream rehab, 8 fast stream & 8 post acute = 24
- Impact of this change?
- Who was involved in proposal?
- Examples of how beds are used flexibly – impact?
- What has been impact on Sultan & Dyad?
- Impact on physio, OT, S<?
- Impact on medical/nursing workload?
- What was “potential increase in use of borderline substances?”

Specification of Medical Services provided by Retained Medical Officer (RMO)

- Consultant handover?
- How are performance issues handled? Examples?
- How able to integrate into PHCT clinical governance framework?

Bank/Agency Policy

- Do any staff hold agency contracts?
- Who routinely authorises/monitors – outcomes?

Locum Medical Staff

- Who is responsible for managing leave?
- Long term locum usage?
- Mentoring & performance assessment?

The Development of Clinical Supervision for Nurses

- How is the development of good base of appropriately skilled supervisors going?
- How is the trust maintaining the importance/profile of clinical supervision in a “busy” culture?

Supervision Arrangements

- “Buddy system” – how does it work? Impact? Examples?
- How is student performance assessed at 6 months?
- Issues covered by monthly ward meetings?
- Dryad – why are ward meetings not running at the moment?

1998 Staff Survey

- Role of NEDs?
- Issues raised over resourcing – how were they followed up?
- Only 5 medical/dental staff and no PAMS responded – why? Has this improved in more recent surveys?

