

EVIDENCE SUMMARY – VOLUME E

Guidelines, Practices and Performance Management

Kerry Fritchard

BASICS

DOCUMENTS

Document No	Title
E1.1	Transfer policy
E2.1	Records Strategy
E2.2	Policy for Client Records and Record Keeping
E2.3	A guide to medical leaflets
E2.4	Health Records Core Standards and Procedures
E2.5	Discharge Summary
E3.1	Staff Appraisal Guidance
E3.2	Staff Appraisal Audits
E4.1	Elderly medicine procedure, Psychiatric involvement
E4.2	Local Arrangements, Psychiatric involvement
E5.1	Elderly Medicine Post Mortem and Dying Certifying
E5.2	Community Hospitals Guidelines
E6.1	Infection Control - Nursing Practice 2001
E6.2	Draft Report - Re-audit of Nutritional Standards 2001
E6.3	Bed Rails 2001
E6.4	Neuroleptic Prescribing
E6.5	Detection of Depression
E6.6	Re-audit Hemiplegic Shoulder Pain
E6.7	Compliance with Revised Handling Assessment Guidelines
E6.8	Stroke Service
E6.9	Painful Shoulder Guidelines
E6.10	Patient Records
E6.11	Nutritional Standards
E7.1	Sultan - Hip Replacement Programme with Portsmouth
E7.2	Falls Policy Development
E7.3	Stepping Stones - Daedalus Ward
E8.1	Procedure for the Management of Medical Emergencies at GWMH
E8.2	BGS Guidelines and Policies in use for Medical Staff
C1.1	Service Staff Surveys - 1998 Community Hospitals
C2.1	PEAT
C3.1	Facilities Programme
C4.1	Capital Programme
C5.1	Investors in People Report
Y1.1	Staff Leavers Since 1998 by ward
Y1.2	Staff Lists sent from the wards
Y1.3	Other Staff
D1.1	Nursing Accountability Structure
D1.2	Medical Accountability Structure
D1.3	Lead Consultant Job Description
D1.4	Staff Grade Job Description
D1.5	Consultant Timetable
D1.6	Service Manager Job Description

D1.7	H Grade Job Description
D1.8	Consultant Contract and Staff Grade Contract
D4.1	Induction - Fareham and Gosport
D4.2	Ward Induction information
D4.3	Induction Policy
D4.4	Medical Staff information
D4.5	Medical Welcome pack
D4.6	Trust Staff Handbook
D5.1	Operational policy bank/overtime/agency
D5.2	Strategy for employing locum staff
D6.1	GP bed fund contracts
D6.2	Out of hours GP Practice Contract
D6.3	Clinical Assistant Contracts
D7.0	Introduction to skill mix review
D7.1	Night Skill mix review
D7.2	Intermediate care skill mix review
D7.3	Workload review Elderly Medicine
D7.4	Workload review Elderly Medicine update
D7.5	Workload review EMH
D8.1	Vacancy levels
D9.1	Sickness levels

ABBREVIATIONS

Abbreviation	Description
Neuroleptic	neuroleptic drugs cause a reduction in confusion and agitation and tend to normalize psychomotor activity.
Hemiplegia:	Paralysis on one side of the body.
HCSW	Health Care Support Worker
TTO	To Take Home
OTD	Occupational Therapy Department
SMH	Saint Marys Hospital

WHO'S WHO

Title	Name	Dates
Senior Nurse	Toni Scammell	
Data Protection Co-ordinator and service manager of community hospitals	Jan Peach	Feb 2000
Clinical Manager	Jo Taylor	
Practice Development Co-ordinator	Jo Odell	
Senior Nurse, Stroke Care	Jane Williams	
Clinical manager	Ann Haste	Nov 2000
Divisional General Manager	Fiona Cameron	
Staff Physician	Dr Yikona	Oct 2000-present
Consultant in EM	Dr Lord	1992-present
Senior Nurse Co-ordinator	Sue Hutchings	2000

DOCUMENTS TO READ: D4.4, E2.4, D8.1, D9.1

1 TRUST CONTEXT

2 MANAGEMENT OF HEALTHCARE

1.1 TRUST STRATEGIC MANAGEMENT

1.1.1 Leadership

1.1.2 Accountabilities and Structures

1.1.3 Strategic Direction and Planning

1.1.4 Health Economy Partnerships

PHCT, Portsmouth City PCT and East Hants PCT have agreed a combined five-year capital programme. This document has been provided by the trust (C4.1).

1.1.5 Patient and Public Partnerships

1.2 SERVICE STRATEGIC MANAGEMENT

1.2.1 Leadership

The service manager is responsible for the overall management of St X and GWMH and must report to the Divisional general manager, Fiona Cameron. The key responsibilities are

- Manage human resource
- Manage IPR system
- Manage the budgets
- Develop systems of clinical supervision in line with the CG action plan
- Provide nursing leadership across the Community Hospitals in the Division
- Undertake investigations and enquiries as necessary (D1.6).

Accountabilities and Structures

1.2.2 Strategic Direction and Planning

1.3 CLINICAL GOVERNANCE

1.3.1 Clinical Governance Strategy

1.3.2 Trust Organisational Responsibilities for Clinical Governance

1.3.3 Ward Clinical Governance Arrangements

1.3.4 HA Role as moves to PCT

2 QUALITY OF PATIENT CARE

2.1 QUALITY INDICATORS

2.1.1 Staff Attitude

The trust conducted a staff opinion survey in 1998 in the Community Hospitals. 145 staff members answered the questionnaire.

- 50% agree that PHCT supports its staff through its policy and procedures, 11% disagree and 35% neither agree nor disagree
- 44% believe their department could make improvements to the service within existing resources, 26% neither agree nor disagree and 27% disagree
- 83% enjoy their work
- 84% feel they have enough authority to successfully perform their job
- 67% think it is possible to have an open and frank discussion with their manager about issues facing the department, 17% disagree
- 24% believe all resources are used wisely, 54% disagree and 20% neither agree nor disagree
- 87% are clear about their roles and responsibilities at work, 8% disagree
- 27% have confidence in the ability of the trust board to manage PHCT, 51% neither agree nor disagree, 8% disagree and 10% don't know
- 40% of staff have had the Trust's business plan explained to them
- 65% feel they are receiving adequate training to do their job, 17% neither agree nor disagree and 17% disagree (C1.1)

2.1.2 Effectiveness and Outcomes

2.1.3 Access to Services

2.1.4 Organisation of Care

Gosport is part of an ortho-geriatric development group to improve the care of older people with orthopaedic injuries in the NSF. The group want to re-designate 40 T&O beds as a jointly led Ortho-geriatric ward and 27 geriatric rehabilitation beds are ring-fenced for referrals from the acute ortho-geriatric ward only. They would also like to expand intermediate care facilities to ensure the capacity for referral and care of patients with less complex needs. The group have drafted a timescale and investment proposal for consideration by the Patient Access Group and the Older Person's NSF Implementation Group (E7.1).

Daedalus ward (GWMH) have developed 'Stepping Stones', a group for patients who have been discharged from the ward and want to continue with exercise activities. The Team Leader in Physiotherapy and the Assistant Physiotherapist is leading this project. The pilot group is made up of 8 discharged patients who have all experienced a stroke. The programme is divided up into 6 sessions, once monthly. Transport has been arranged so patients can attend their preferred events. The group have attended a tea dance and an over 50s instructor has invited all members to attend activity groups (E7.3).

2.1.5 Humanity of Care

In August 2001, the audit of compliance with bed rails guidelines in Community hospitals was published. The audit has identified considerable variance in the level of knowledge and practice relating to the use of bed rails. Long-term actions have been identified and two clinical leads, Jo Odell and Jo Taylor have agreed to implement the majority of them. The main ones include developing a link to the Community Hospitals Falls Strategy Group to develop an assessment tool for using bed rails and to develop a training programme to incorporate all the standards (E6.3).

A PHCT wide audit on oral hygiene for stroke patients was completed in April 2000. The audit concluded that documentary evidence of inspection and provision of oral hygiene was lacking and only 15% of patients had an oral hygiene care plan. Issues to be addressed were patient involvement in their care, lack of clear knowledge about the most appropriate treatment options and poor documentation (E6.8).

2.1.6 Environment

No formal external PEAT visits have been undertaken. The original Trust-wide inspection in 2000 provided a baseline assessment. As a result, to improve hospital food Gosport was to carry out a patient satisfactory survey. In September 2001, the progress report did not specify any real areas for concern at GWMH. The trust action plan has allocated a priority score to the action required. High priorities were linen distribution, review of existing support services contracts and internal tidiness and cleanliness. The PHCT Cleanliness in Hospitals score is yellow (C2.1).

All wards at GWMH hold maintenance logbooks to record all maintenance requests. The method for contacting estates and the priority rating system are incorporated in the logbook. The trust has a planned maintenance programme that details the areas within the hospital and how frequently these assets must be inspected and maintained (C3.1).

2.2 STAFFING AND ACCOUNTABILITY

2.2.1 Workforce and Service Planning

In December 1999, a four-month review of the nursing staff retention and workload began in the Department of Elderly Medicine. Nursing workload measurement methods were reviewed, results of the staff interviews and questionnaires were presented and trust reports and information from literary sources were also provided. It was widely recognised that in 1999, nursing staff morale was low. Due to the low response rate, the results from the questionnaires have little statistical power but can be used as a baseline assessment against which to compare staff perceptions in the future. It is unclear if any staff from GWMH were part of the process. The results show that although the immediate problem is staff shortages, the underlying problems also need addressing because there were implications for patient record completion, discharge planning and administration of medications. The report made recommendations to address some of the issues that lead to a shortage of clinical nursing time and a programme of systematic development in gerontological nursing practice is proposed (D7.3).

A year later, in September 2001, the issue was re-visited. It was clear to the review that many changes had taken place within the division, most of which were in direct response to ward sisters request to develop aspects of their role. The trust has managed to avoid bed

closures since October 2000 and have reduced their dependency on agency and bank nurses in 2000/2001. A new senior management team started work between Jan and March 2000, and a new clinical leadership structure was established in August with H and I grade nurses. Other significant achievements are:

- Monthly meetings between general and clinical managers
- Regular clinical supervision
- Specialist Gerontological Nursing Development Programme for F and G grade nursing
- Creation of working groups on key topics, like education
- Changes in the bleep-holder system

The 2000 report recommended more forward planning for periods of staff shortages, even though agency staffing costs have fallen, they are still too high and concentrated on night nursing at weekends and sickness cover. The skill mix remains disproportionate between junior and experienced staff on the wards and non-nursing duties are continuing to distract nurses from their primary function of direct patient care (D7.4).

The Department of Elderly Mental Health conducted a similar assessment of nurse staffing in May 2001. The aim was to evaluate the staff nursing and suggest ways to improve nursing services. The report concluded that there were both numerical and skills shortages in the division. The nurses interviewed highlighted variations in leadership style and a lack of clinical supervision, long standing staff shortages and low morale as factors that have an effect on the delivery of patient care. Observation also highlighted the lack of clinical supervision and leadership, there are also issues caused by the differing management styles between Fareham and Gosport and St James. The report recommends that the department be run as a whole unit with locality management reporting to general management, a mental health gerontological programme is introduced for all f and G grade nurses and a new clinical nurse career ladder created consisting of one I grade and 2 H grade staff in accordance with the DoH Modern Matron Initiative. As the department is merging to become part of East Hants PCT, a steering group may be necessary to implement some of the recommendations (D7.5).

2.2.2 Medical Staffing & Accountability

The medical accountability lies ultimately with the Trust Medical Director. The Lead Consultant for Elderly Medicine reports to the director and is responsible for the Dryad and Daedalus wards. The Elderly Medicine consultant in each ward reports to the Lead Consultant. Junior doctors are accountable to the Consultant in Dryad ward and Local GP practice contact for out of hours medical cover is accountable to the Consultant in Daedalus ward (1.2).

The Lead Consultant job description has 12 different areas for the individual to manage. These include leadership, service development, staff management, quality, complaints and corporate. The description clearly states that the job is a major challenge for a 'very part-time role'. The post-holder is not expected to carry sole responsibility for discharging these functions and it is recognised that all consultants will contribute to many of the tasks (1.3).

The trust has provided the GP contracts for trust working, for all GPs. They are legal documents, and describe very little about their role, only that they can admit patients to GP beds and must care for all patients in GP beds (D6.1a, D6.1b, D6.1c, D6.1d). They have also sent the leavers from the bed fund since 1.1.98 (D6.1e).

The trust has provided the contract for services agreed between GWMH and the GP practice which serves the daedalus and dryad wards (D6.2).

The GWMH has a clinical assistant post, whose role it is to attend the day hospital in the mornings to deal with ongoing medical problems of the visiting patients, review the drug regimes, co-ordinate referrals and discharges and help formulate a new treatment plan for all new patients (D6.3).

The role of the staff grade physician is to look after 20 continuing care/slow stream general rehabilitation patients on Dryad. Duties will include:

- Admitting patients transferred from other wards
- Day-to-day medical care of these patients
- Communicating with patients and relatives
- Liaison with EM and other departments (1.4).

2.2.3 Nursing Staffing and Accountability

The trust has supplied a nursing accountability structure. Nurses are accountable to a clinical manager in each ward of the hospital. The clinical manager is accountable to the senior nurse, Toni Scammell, who is in turn accountable to the Service manager Jan Peach. She is responsible for GWMH, OPD and ST X hospitals and is accountable to the General manager for the Fareham and Gosport Locality Division. The general manager is accountable to the Nursing Director and the Operational Director (D1.1).

The H Grade is responsible for the Continuing care, Rehabilitation and Day Hospitals at GWMH, accountable to the service manager. Their key responsibilities are

- Work closely with service manager, EMH co-ordinator, STx H grade and Clinical managers to develop services
- Ensure staff understand and adhere to Trust and departmental policies
- Co-ordinate recruitment and workload within designated area of responsibility
- Take part in audit, ensure action plans are implemented and monitored
- Advise management team on clinical issues and developments (D1.7)

The key responsibilities of the Clinical Manager (Grade G) are

- To take continuing and overall responsibility for the maintenance of appropriate standards of care
- To provide leadership to the nursing staff
- Ensure adequate skill mix
- Ensure completion of Nursing Care Plans and Discharge care plans
- Plan and participate in the induction programme for staff
- Ensure nursing staff receive regular training in fire prevention, emergency procedures and control of infection
- Formulate training plan for the ward (D7.1).

The key responsibilities of a Senior Staff Nurse Night Duty (Grade F) are:

- Deputise for night sister as required
- Participate in training and support of junior staff
- Monitor performance of staff and participate in annual appraisals

- Participate in the writing, application and monitoring of nursing standards and audits as requested (D7.1)

Currently, the breakdown of staff on each ward for day duty is: (Volume Y)

	Sultan Ward	Daedalus Ward	Dryad Ward
Clinical Manager	1	1	1
Senior Staff Nurse	1	1	1
Staff Nurses	8	5	6
Enrolled Nurses	1	3	1
HCSW	12	12	8
Bank/Student Nurse	0	1	0
TOTAL	23	23	17

Night Duty Staffing is:

	Sultan Ward	Daedalus Ward	Dryad Ward
Clinical Manager	0	0	0
Senior Staff Nurse	1	1	1
Staff Nurse	3	4	4
Enrolled Nurse	0	1	2
HCSW	6	6	7
TOTAL	10	12	14

2.2.4 AHP Staffing and Accountability

2.2.5 Other Staffing and Accountability arrangements

PHCT have a staff support framework. Occupational Health has introduced a Risk Identification form as part of the recruitment and selection process to ensure the right person for the job is selected. The framework states that all staff should be aware of the need for risk assessments, including on a day-to-day basis as different circumstances arise. All staff should have safety awareness training as part of their Induction programme and line managers should receive additional training in providing support to staff. Following an incident, a review should take place as soon as possible and should include an incident debriefing session with all staff involved. Managers should follow up after the debrief to ensure that those staff who need support are receiving it (D4.4).

There is an operational policy for the use of bank and agency staff for the Fareham and Gosport division. There must be a monitoring system in place in all clinical areas to ensure the appropriate use of staff (D5.1). The strategy for employing locum staff states that in order to minimise risk, locums will be recruited locally, trust staff will be used or locums must come from a known and trusted agency (5.2).

2.2.6 Out of Hours Arrangements

In November 2000, the Senior Nurse Co-ordinator (Sue Hutchings) completed a night skill mix review in GWMH as a consequence of the closure of the Minor Injuries Unit. The objective of the review was to identify the grades on each ward, how the grades are distributed across wards and how clinical managers should take 24 hr responsibility for their ward. The Night sister was based on the Sultan ward and it was decided that two F grades would be needed to support her on the Dryad and Daedalus wards. The F grades work opposite shifts to each other and the G grade to ensure the hospital has cover. The night sister confirmed that E grades do have to take charge of the Hospital quite regularly. The clinical managers have responsibility for their ward and at the time of this review, the clinical managers on the Daedalus and Dryad ward were responsible for their night staff off duty. The Night Sister on Sultan ward takes on this responsibility for the ward.

The distribution of staff across the three wards revealed that Sultan had less E grade hours and no F grade but they did have 1 WTE F grade. Daedalus has .67WTE for F grade but unable to fill the post and so an E from Sultan has been 'acting up' to F full-time until 31.10.00. All three D grade posts were vacant. Dryad had less E grade than Daedalus but has got .67WTE F grade in post.

Issues raised from the November 2000 were:

- D grades were regularly taking charge of wards at night.
- Only one trained nurse on wards at night, and this could be a D grade
- Is there still a requirement for a G grade on nights?
- Was there a trained nurse establishment deficit

Further analysis was undertaken to answer the resulting questions. These issues were all investigated in Dryad and Sultan wards. In Dryad, through Maternity Leave and Sickness, two nurses were absent from work. The review concluded that this ward had been short of an E grade since 1999 as a result. D grades have filled the gap of these staff members. There were no vacancies on this ward. On Sultan ward, two staff nurses, Sn Dolan and Sn Dunleavy do take charge on frequent occasions, but not always on their own ward.

To cover all wards safely, GWMH require a minimum of two trained with support from two unqualified. At present (28/03/01) the only ward with this ratio is Daedalus. However, this ward does have vacancies of 50 hours D grade. These posts have been unfilled since September 2000.

The analysis reviewed the use of G grades on night duty and concluded that they are still responsible for emergencies when they arise, completing night rotas and covering the breaks but these hours could be converted to an F grade.

Skill mix gaps were identified at a cost of £44,310. If the gaps are not funded, the D grade will be required to continue to 'act up' and the use of bank/agency staff will continue. If bank/agency staff cannot be arranged to cover, the Hospital will continue to be vulnerable. The report recommended that the G grade be downgraded to an F grade to enable the funding of upgrading D to E on Sultan. 30 hrs D grade to be upgraded to E grade on a temporary basis until a decision has been made regarding the member of staff on sickness leave. All night rotas to become the responsibility of the clinical manager. These actions

were due for completion by April 2001 and July 2001 for the downgrade from G to F (D7.1).

If a patient is transferred from an acute ward on a Friday after 2pm, the patient will not be seen until Monday morning (E1.1)

2.2.7 Team working

2.2.8 Recruitment and Retention

The trust has supplied a list of all current staff within the GWMH and staff who have left Sultan, Dryad and Daedalus wards since 1998 (volume Y):

- 15 staff have left Sultan ward (3 retired, 3 stayed within the trust)
- 18 staff have left Dryad ward (1 dismissal, 4 stayed within the trust)
- 32 staff have left Daedalus ward (1 dismissal, 3 retired, 9 stayed within the trust).

The Hospital has provided sickness levels by ward for the period 1998-2001, in quarters. These levels are unstable for all wards and have been for the entire period. On the Sultan Ward, since 1998 the levels have fluctuated from as low as 1.7% in June, July and August 1999 to their current level July, August and September 2001, of 16%. From the 2nd to the 3rd quarter of 2000, the figures almost doubled from 4.2 to 8.1%. By the end of the 2nd quarter 2001, the figure had doubled again to 16.0%.

The Dryad Ward levels have also fluctuated, especially during the 3rd and 4th quarters of 1998, from 5.6% to 9.5% and over the 4th quarter 2000 to the 1st quarter 2001, the levels rose more than three-fold from 3.0% to 10.3%. Having fallen sharply to 1.8% in the following quarter, they saw a similar increase in the 1st quarter 2001. They are currently at 6.8%.

Daedalus Ward sickness levels are currently at their highest since 1998, at 12.6%. There was a large increase from 2nd quarter 1998 to 3rd quarter 1998 from 5.8% to 9.1%. (D9.1) GWMH have provided weekly vacancy levels for qualified and unqualified nursing staff from 1999 to 2001. The levels are also broken down by ward. This information is difficult to summarise and establish a true figure for vacancies although it does appear that the levels are quite low (D8.1).

2.2.9 Schemes of Delegation

2.3 GUIDELINES, PRACTICES & PERFORMANCE MANAGEMENT

2.3.1 Patient Transfer

Portsmouth Hospitals and Portsmouth Healthcare NHS Trusts have a joint generic transfer document dated November 2000. Patients who are ready to leave an acute ward but not ready to return to full independence are transferred to a GP step-down bed to create acute capacity and provide post acute care close to the patient's home in a more appropriate setting. Medical cover is provided by the patients' own GP. 24hr medical cover is not available on site. The document lists criteria for transfer:

- Medically stable for at least 24hrs but not fit for discharge

- Expected length of stay 4-14 days
- Patient must not be confused or behaviourally disturbed
- Discharge date and destination known
- Patient and carers consent to transfer
- No outstanding results from inpatient investigations (E1.1)

The initial decision to transfer should be taken from the consultant together with a multi-disciplinary assessment and with informed consent from the patient and carer (E1.1)

Gosport War memorial has locally agreed arrangements for transfer to the Sultan Ward. The document states that rehabilitation personnel and an Enablement service have been developed to compliment the existing transfer process. In 1998 strict criteria were developed for the transfer of orthopaedic patients and these were refined in 1999 for surgical patients.

The criteria to meet is

- No intravenous line
- Haematologically stable
- Apyrexial
- No discharging wound
- Not recently stated on anticoagulation
- Not suffering from an unstable medical condition
- Not catheterised
- MRSA free
- Not confused
- Anticipated medically fit for discharge in 7 days

On transfer, the following must accompany the patient:

- Complete set of medical notes and detailed management plan
- Care pathways
- X-rays and path results
- Handling profile, Barthel, Waterlow, MTS
- Current legible drug chart and non-stock medication and or dressing for 4 days
- Essential equipment and appliances
- Follow-up out-patient and day hospital appointment (E1.1).

If a patient arrives after 2pm on Friday, they will not be seen by a GP until Monday.

The trust has a referral form for the transfer of elderly patients to old age psychiatry (E4.1).

2.3.2 DNR

2.3.3 Palliative Care

2.3.4 Nutrition and Fluids

As part of a five year strategy towards a Feeding People Policy for Portsmouth Healthcare NHS Trust an audit of minimum nutritional standards was undertaken between October 1997 and March 1998. The aim was to collect baseline data to be used to plan teaching for staff and lead to a redefinition of standards. As a result of this audit the Feeding People Working Group developed these standards, based on DoH guidelines. The audit also established a Lead Nutrition Person in each clinical area to plan teaching programmes for staff (E6.11). A re-audit was conducted in 2000 and draft action plan was formulated in

November 2001 detailing the staff member responsible for the implementation and the implementation date. The audit noted that there appears to be poor documentation rather than poor practice in some areas, specifically acting on significant weight gain/loss. The re-audit concluded that, "overall the results had improved although there may be an element of complacency, as locally written protocols recommended from the 1997 audit have not been produced. Long stay areas must not get complacent just because they tend to know their clients well and their eating habits" (E6.2).

2.3.5 Patient Records

Portsmouth Healthcare NHS Trust has developed a Records Strategy (2001) that addresses the issues of record management, specifically the retention and disposal of records. A recent risk analysis showed that there were risks attached to the management of records. *Although it appears that GWMH was not assessed.* They were being left in unsuitable places and in some cases staff perceptions and knowledge of what is acceptable were poor. There are no budgets allocated to document management. There is an action plan to address the problems, including having a centrally managed system with a senior manager for the service who will create a policy, work with other NHS organisations for a cohesive approach and create a secure environment for the records to be stored. There are timescales and responsibilities specified (E2.1)

The trust has had a Health Records Review Group for 3 years now to look at the CNST to discuss how standards would be achieved. There is also a Health Records User Group that meets quarterly and consists of admin and support managers to discuss problems and issues at a local level. (E2.1)

Portsmouth Healthcare NHS Trust also has a clinical policy for client records and record keeping (December 2000). The policy is based on the HSC 1999/053 'For the Record'. It is the responsibility of each practitioner to ensure his/her record-keeping complies with this policy. There are procedures for the general maintenance of the records, the content, confidentiality and access, audit and multiple agency records. The policy stipulates that annual auditing of clinical records should take place and feature in the annual clinical governance plans and reports (E2.2).

The Portsmouth Healthcare Trust have produced a guide to medical records for staff which explains simply what the rules are and who to contact with any problems or queries. (E2.3)

The Health Records User Group produced a Health Records Core Standards and Procedures document for all specialties within the Portsmouth Healthcare NHS Trust in December 1998, updated May 2001. The document covers guidelines on:

- Patient access to personal information requests
- Clinical preparation
- Clinical reception
- Clinical Coding procedures
- Disposal, filing, and housekeeping of Records
- Making up health records
- Minor injuries
- Out of area treatments
- Patient registration
- Referral letters

- Missing health records
- Deceased records
- Admission process
- Discharge process

The admission process is in accordance with national and local requirements and explains who can admit a patient, whose responsibility that patient is and how to enter their details into the hospital records.

When a patient is admitted a Discharge Summary form is generated which is kept on the ward until the patient is ready for discharge. The form is completed to inform the GP of discharge details, a copy is given to the patient and kept in their record. The form is also now being used to send to pharmacy for TTO's (E2.4). Details on the form should include the follow-up care e.g. dates of further appointments, follow-up arranged with the primary care team and day hospital (E2.4).

The trust has produced guidance notes for completion of the summary form, what details to include and how to store the form and who to give it to (E2.5).

In 1998 an audit of patient records was carried out (it is unclear if Gosport was involved) in three specialities, Adult mental health, Elderly mental health and Elderly medicine. The audit revealed the need for action in several areas, especially changing the habits of individual practitioners. A new record folder was in the process of being introduced and will meet standards for document storage if there is compliance. The conclusion notes that it will take years for this to be incorporated trust-wide and therefore new standards for filing records will have to be incorporated into existing systems. The Medical Records User Group is responsible for developing the new filing standards and the generic trust-wide Record Keeping policy (E2.2) also resulted from this audit (E6.10).

2.3.6 Trust Performance Management Arrangements

2.3.7 Service Performance Management arrangements

2.3.8 Staff performance Management arrangements

Portsmouth Healthcare NHS Trust has developed a corporate policy for staff individual performance review. They have produced documents to support the process, explaining the aims and purpose of PDP's and how to set objectives as an organisation and as an individual. The process is audited and included in the divisional review. The policy was first written in 1995 and updated in April 2001 (E3.1).

The trust sent copies of the audits on Community Hospitals Contract Group and their Therapy services in 1998, 1999 and 2000. The Contract Lead Group developed an action plan including ensuring all new managers are trained for IPR and that the results from audit are shared widely. In 1999 the audit found that Bank staff were not receiving IPRs. They arranged for Sue Hutchings at Gosport to deliver the training and IPR's for nursing bank staff. Their manager who is also responsible for giving them their IPR would train Admin and clerical staff. In 2000, the number of completed IPRs had deteriorated, as had the number of review dates set for next year. The trust noted that some Bank staff have still not received appraisal and staff were not receiving a copy of their IPR for use throughout the year (E3.1).

2.4 MEDICINES

2.4.1 Prescribing

2.4.2 Administering

2.4.3 Drug Review

In November 1999, the use of neuroleptic drugs within trust Elderly Medicine continuing care wards was reviewed. Specifically it looked at whether the prescription for these drugs was appropriate. It was revealed that on wards of the GWMH, medical reviews of medication that take place weekly are not necessarily recorded in the medical notes. The audit concluded that neuroleptic drugs were not being over-prescribed within the trust but their use is not being reviewed regularly enough within the trust. They recommended re-audit in January 2000 (E6.4).

In 1997 the trust developed guidelines for the management of acute confusion in the elderly. The guidelines state what process should be followed according to the severity of the confusion, this includes a guide for drug prescribing (E4.1). In October 2001, following restrictions on the use of Thioridazine and the development of a care pathway for nurses in Elderly Mental Health Consultant Geriatrician Dr Ann Dowd updated these guidelines. She requested that the guidelines be an agenda item for a service planning and development group who could pass them to the CG group to disseminate them to the staff (E4.1).

In February 2001, the rapid tranquillisation guidelines were drawn up by Dr A Lord to make staff aware of the recommended drug for tranquillisation, Lorazepam. The memo was circulated to all medical staff, all wards, pharmacy and Jane Williams, Kim Bezzant and Toni Scammell (E4.1).

2.4.4 Drug Recording

2.5 COMMUNICATION AND COLLABORATION

2.5.1 Patients

See 2.3.1 and 2.3.5 for details of admission and discharge procedures

2.5.2 Relatives and Carers

2.5.3 Primary Care

2.5.4 Acute Sector

2.5.5 With Health Authority

2.5.6 With Haslar Hospital

2.5.7 With Social Services

When community hospitals staff were surveyed in 1998, 32% of respondents said they found it easy to communicate with SS, 19% that they did not find communication easy and 49% said it was not applicable to their job (C1.1).

2.5.8 With Local Nursing Homes

2.5.9 General Communication

The 1998 community hospitals survey found that 81% of respondents receive and read a copy of the trust newsletter every week. 69% of respondents said they receive and read a copy of the trust newspaper every quarter. No respondents said they had never received or read a copy of either publication (C1.1).

When surveyed about their attendance at 'Information Exchange' (team briefings), 47% said they had attended one month ago, 21% said longer than three months ago and only 6% said they had no opportunity to attend (C1.1).

The survey respondents consisted of 66% nursing staff, 19% admin and clerical staff, 4% other, 3.5% ancillary, 3.5% medical and dental, 3.5% management and no PAM's answered the survey (C1.1).

2.6 END OF LIFE

2.6.1 Arrangements for Patients

The trust has provided the community hospitals guidelines for certification of death last reviewed in 1999 (E5.2).

The trust has provided the Queen Alexandra Hospital dept. of elderly medicine patients' affairs procedure, dealing with post mortem and certifying death (E5.1).

2.6.2 Arrangements for relative/cares

2.6.3 Arrangements to Support Staff

2.6.4 Cultural, Spiritual needs

2.7 SUPERVISION AND TRAINING

2.7.1 Medical Supervision and Training

The Hospital has provided the weekly timetables for Consultants, listing their duties in the morning and afternoon each day from August 1997 until November 2001. (D1.5)

2.7.2 Nursing Supervision and Training

2.7.3 AHP Supervision and Training

2.7.4 Other Staff Supervision and Training

In 1999, the Community hospitals Division of PHCT attained the Investors In People award.

2.7.5 Induction

PHCT have an induction training policy to ensure a minimum standard of induction training for all new staff. There is an induction checklist to be completed by the manager and the employee. There is a local induction seminar covering information on the structure of the NHS, PHCT and structures and features of the division. If the new employee is required to

attend mandatory courses, food hygiene, lifting and handling, first aid and dealing with aggressive behaviour it is the responsibility of their manager to ensure the relevant courses are attended (D4.3).

The trust has sent the agendas for the Fareham and Gosport induction programme. The May 1999, February 2000 and August 2000 all have a similar agenda for a half-day, providing induction on salaries and wages, pensions, occupational health, safety and welfare as well as an introduction to the trust by a general manager. The most recent induction agenda, from 9th November 2001 is a full-day induction incorporating the above subjects with basic life support training, fire regulations, health at work, control of infection and an introduction to food hygiene (D4.1).

The trust has provided their ward induction packs for Daedalus and Sultan Wards. They include basic information about the hospital and also explain the basic procedures within the ward, for example using the telephones and preparing a ward area (D4.2).

The Department of Medicine for elderly people have produced a booklet called, 'Essential information for medical staff'. This includes

- The timetables for all medical staff
- Agendas for their lunchtime meetings
- Details of all types of care they provide, e.g. rehabilitation
- Guidelines for handover and hand back
- Guidelines for accepting admissions to the acute wards
- On-call responsibilities
- List of key staff
- Drugs and Therapeutics information
- Guidelines for the management of the Day Hospitals
- Discharge summary standards
- Overview of the stroke service
- Guidelines on infection control
- Whistle blowing
- Violence and aggression (D4.4)

There is a welcome pack for medical staff that includes data protection guidelines, diversity matters, violence and aggression, stress guidelines, hospital chaplaincy, library information (NB: This may be directed to just QAH and SMH?) (D4.5).

PHCT have a staff handbook that details all the services available to staff, the conditions of employment, arrangements for health and safety and arrangements for training and development of staff. The handbook also informs staff of communication networks within the trust (D4.6).

2.7.6 Mandatory Training

3 HOW LESSONS HAVE BEEN LEARNED

3.1 COMPLAINTS

3.1.1 Trust Management of Complaints

3.1.2 Ward Management of Complaints

3.1.3 Trust Lessons learned

3.1.4 Ward Lessons learned

3.1.5 Complaints training

4 SPECIFIC POLICIES

Policy for psychiatric involvement – patients deemed to have psychiatric problems are given a mental test score, completed on the ward and they will be seen by the ward consultant/staff grade or GP. They will then decide whether to refer the patient to the elderly mental health team. A referral form will be completed and faxed to the EMH offices. If it is a new patient a ward visit will be arranged and once the assessment is completed the EMH a decision will be made to either continue treatment on the ward with back-up from the EMH team or if to move the patient to an EMH bed (Nov 2001) (E4.2).

Within Community hospitals, development is continuing for a Falls policy using approaches used in other trusts and research from National Falls Guidelines. The group have regular meetings to discuss the training needs of the staff, the falls screening tool and results from the staff questionnaire. Members of the Community Hospital Falls Working Group are linked to the NSF Falls working group. There is a falls prevention strategy that lists the ways to prevent falls, including ensuring the ward is adequately lit and using hip protectors if there is a high score on the screening tool (E7.2).

Whistle blowing Policy – The trust is committed to openness and aims to resolve staff concerns informally between the manager and the individual. If this is not possible, staff can take their concerns to any manager. PHCT requires their managers to take concerns seriously and without prejudice and to act promptly (D4.4).

Violence and aggression directed at staff – replaces policy of the same name, written in 1998. It states what to do in a violent situation, how to report the incident and what measures are available to manage such situations. There is also advice on how to prevent this type of situation through training, risk assessments within the trust and providing information about the policy to the patients. All staff receive this leaflet when they commence employment at the trust (D4.4). There is a checklist that summarises the requirements of the policy and should be used to audit compliance with the policy as part of the annual risk assessment process (D4.4).

ANYTHING ELSE THAT DOESN'T SEEM TO FIT

4.1 FIRST THING

The Dryad (09/01), Daedalus (22/05) and Sultan Wards (09/05) all had their nursing practice audited this year. The results were very positive and of the 40 points available they scored 37, 37 and 39 respectively. The Senior Nurse Specialist from infection control services commended the wards although warned against the dangers of re-sheathing needles (E6.1).

4.2 SECOND THING

In 1998, the trust audited the detection of depression in elderly rehabilitation patients. The prompt recognition of depression should reduce length of stay and increase mortality and patient well being. This was a multidisciplinary audit with involvement from consultants in elderly medicine, elderly mental health, clinical psychologists and members of the rehabilitation scheme. The sample included 5 patients from the Daedalus ward at GWMH. The conclusion was that less than a quarter of patients who scored over 6 on the Geriatric Depression Scale were recognised as depressed by the rehabilitation team. An action plan was devised with timescales and responsibility for implementation. They proposed re-audit for 2000/2001 (E6.5).

4.3 THIRD THING

In 1996, there was a clinical audit of shoulder pain (it is unclear if Gosport were involved). As a result there was a planned stroke guidelines review. Training needs were also identified for physiotherapy. Documentary evidence was also lacking and medical notes were not completed to a satisfactory level (E6.9). In 1998, a PHCT re-audit of Hemiplegic shoulder pain was carried out, including 3 patients from the Daedalus ward of GWMH. This pain can impede rehabilitation and result in depression and withdrawal from a programme of care. Clinical leaders conducted a physical exam of the patient to ascertain presence of pain and shoulder joint movement; they then checked the healthcare records. Results showed a reduction of incidence of shoulder pain since the last audit, 30% compared to 42%. It recommended that a lead clinician in each discipline ensure that discussion takes place and action is taken and also identify training opportunities. The re-audit was scheduled for 1999 (E6.6).

4.4 FOURTH THING

In 1998 the trust re-audited compliance with handling assessment guidelines in a sample of clinical settings across the PHCT including Community nursing, Community Hospitals and Elderly medicine. A secondary aim of the audit was to identify areas of handling assessment that require manual handling training. The overall action plan was the responsibility of Suzanne Hogg and the manual training advisors. One area for action was to reinforce the importance of the initial assessment 24hrs after admission. Target area for training were

- Record of the patient's weight and diagnosis
- Regular evaluation of the assessment
- Adequate assessment of the environment
- Record of patient preference
- Record of patient's ability at the worst level (E6.7).

4.5 FIFTH THING

PHCT have a procedure for the initial management of medical emergencies in GWMH, detailing the roles and responsibilities of the member of staff discovering the emergency and the team response. There are also recommendations for educational needs and for post event actions (E8.1). No date on the document.

4.6 SEVENTH THING

A skill mix review of the intermediate care services at Gosport has been completed (No Date). There will be a change in the use of beds within Daedalus ward to provide 24 community rehabilitation and post acute beds. Dryad ward will have the only continuing care beds at GWMH. The review anticipates an impact on Sultan and Dolphin Day Hospital. In addition there was scope to improve the occupancy of Sultan. The split of the 24 beds in Daedalus was planned at 8 slow stream care, 8 fast stream care and 8 post acute beds. The resource implications were estimated at £160,500. The risk issues were identified as:

- Consultant cover – unlikely to recruit a suitable individual prior to January 2001
- Medical risk – more specialist intervention may be required as a result of the change in patient groups. Clear protocols will be required for urgent transfer of patients and timescales within which medical cover can be obtained
- Preparatory Training – Relates in the main to qualified nursing staff. A course, 'alert' has been identified for staff to develop their skills in relation to assessment of changes/deterioration in patient's conditions.

The training needs were identified as ECG recording, Orthopaedic rehab, canulation and blood transfusion monitoring. In general, they identify other areas in need of a review, including the resuscitation policy and procedures, additional wheelchairs, review of medical supplies and improved daily drug ordering (D7.2).