

Community Health Council

Margaret Lovell Chief Offices

Christine Wickles Vice Chair

Joyce Knight Chair

Joyce Knight

Programme of quality visiting try to visit every NHS site over 3 years

If there are several complaints during the 3 years, CHC will do an ad hoc visit.

Last visit to GWMH was in 98 (Joyce was involved)

Have not been notified by office that there's any reason for special visit.

Next visit to War Memorial is in the spring of 2002

545, 000 people in Portsmouth District (biggest CHC population in country)

Joyce has been member of trusts' clinical governance panel over the last year

Helps to ensure that voice of patient is heard

has recently been involved in action planning by trust in response to incidents at War Memorial

Margaret: CHC has no longer been doing one-to-one complaints since the autumn (31 Oct 2000) level decision by Dept of Health

Much reduced ability to analyse complaints on keep aware of trends across local health economy

In the interim have been helping and advising

3 complaints, 3 month period about GWMH

Drugs administration

Amount of morphine and lack of care and treatment

Drugs admin and care and treatment

3 complaints in 3 months absolutely exceptional

Relatives came up in all 3 complaints

Patients not getting fed and properly cared for also complaints about relatives dying suddenly after they had appeared quite well

Were not in a position to judge whether or not drugs been given properly

Neither were these relatives – they must felt things weren't right.
 Contacts Chief Executive of Trust in Dec 99 then contacts again in Jan/Feb 2000
 unable to speak to him - thinks she may have left message with receptionist saying
 she had concerns

After Autumn/Winter 99, more complaints came through and encouraged them to put
 them through scheme

Once knew police involved decided to keep out of it

Pleased to see introduction earlier this year by health authority to pick up public
 concerns about individual trusts

CHC did special visit to elderly ward at Queen Alexandra – produced a very critical
 report which evoked very positive response from trust management

They would have made a similar visit to Gosport if there hadn't been police inquiry

I've heard as many positive as negative things informally

Is this a general pattern across care of elderly?

Suggested to clinical governance

Committee at Gosport War Memorial that too much concentrated on 3 wards in one
 community hospital

No qualitative data monitoring of care on wards to check that improvements are
 actually taking place

I don't feel that they are trying to hide things – they held a very open approval, wasn't
 secrecy things

Description of chair is that theres a very good feeling about War Memorial

CHC has concerns about communication between staff & partners & staff & relatives

Some people have difficulty in dealing with grief and families guilt about not being
 able to help more

Chair sent in a dummy complaint and got a very fast response, very detailed

Trust responses to complaints quite defensive says chief officers & dismissible – think
 that it has improved

Most complaints came to CHC on advice from CAB rather than because of
 information in hospital

Elderly medicine in district under considerable pressure

Many elderly patients at War Memorial coming from outside local area which may have resulted problems over getting informatio to relatives about patients as GP not nearby

Vice chairs has picked out concerns about GP's when patients at War Memorial hanging on to beds there and making discharge more difficult

Informally meets regularly with trust chairman

Chief Executive very good at responding says chief offices

We tend to leave people in peace until we need something specific

Sense of isolation among people walking in community hospitals sense that little of no back up because of concentration on big acute hospitals

Serious reservations in CHC about new PCG in Gosport - proposal is ?? ????
Gosport & ??? & to manage learning disability service

Staff ????????????????

Gosport fought to keep War Memorial when threats of closure

So impressed by atmosphere at GWM "conversation cluster of patients"

Poor level of domestic services at time of ??

Much confidence in Max Mullett big strength of trust

Chair & CHC raised major concerns about changing for investigation trust would otherwise have problem broken even on their arrival budget

Changing is discouraging good NHS organisations by penalising them for doing an investigation

Mrs **Code A** & Bereavement Councillors

Husband had a series of small scabs last year & received from those
Had very good care in special unit at St Mary's

Get much occupational & physical therapy

28 January 2001 – massive stroke left him paralysed on left side and blind in left eye

Taken to Haslar

Mrs **Code A** told that he would be permanently disabled, staff were very kind and supportive – provided excellent care – he was making good progress, spent several weeks there

Transferred to War Memorial (Daedulus Ward) in Feb 2001-12-05
Was there until 19 Feb

Decided he needed re – cathetering

Nurse performed procedure and didn't do it properly started bleeding profusely from penis

Readmitted to Haslar

Kept bleeding – consultant at Haslar Didn't know why it had happened

Concerned about transfer from GWM to Haslar

19 Feb – When he was transferred, he was naked from the waist down apart from piece of padding

Ambulance crew drew her attention to it and said how mortified they were – nursing staff at Haslar agreed

Main concern is culture on Ward especially manner of staff with patients and relatives

Cousin went to visit her husband

Asked for nurses help in taking Mrs **Code A** to toilet 3 separate occasions – returned every time

Left in room on his own with TV on constantly which he hated

Alert bell inaccessible left hand paralysed and could not reach bell to operate it

On one visit Mrs [Code A] wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. Mrs [Code A] came close to tears 6/8 Feb told off for using buzzers

9 Feb - rang ward to ask if he could visit and take clothing, phone was slammed down

Told that she was not allowed to go into ward while treatment in progress

Had promised to leave cards at reception - they weren't there
Told that she would have to go and collect them herself

Put outside one day though he didn't want to go

Not allowed to wear own clothing even though he had plenty

No right to make a choice

I was made to feel an inconvenience & nuisance because we asked questions - seen as a threat

Noted inconsistent practice & care between nurses. Told me reason was that different nurse did things differently

I wasn't trying to be awkward and I just wanted best care for my husband and wanted it to be consistent

Inability to communicate reluctance to share information – mistrust arose – information denied although he'd only just been weaned off pureed foods, they insisted on giving him sandwiches every night, wasn't allowed a knife to cut them up in small pieces

Staff never introduced themselves to or wore name badges

Struck by contrast with Haslar

Other people's relatives weren't asked to leave room during treatment of Mr

Code A

Asked to leave ward when [Code A] was eating as it made other patients embarrassed to have her there

15 Feb asked to see consultant nurse said he'd arranged it but never did

Appointment arranged amazed for 27 Feb never given name of consultant he was under - told he didn't have one

28 Feb - 3 days after husband died, nurse from GWM rang & asked if Mrs [Code A] was ok & saying?? Perhaps you just want to be alone & put the phone down – it was a bit late to nurture a caring relationship

Code A – UNISON

Staff at GWM feeling very ‘??? And bruised’

4th enquiry they’ve been ???

Code A said that he would probably attend when he’s members, particularly?? support workers

??? re adverse 6 ??? **Code A** has been ??? ?? for 9 years

??? to move towards a more call ??? approach to work in an open ??? way in close ???
 ??? with members

??? not sure that ??? message getting down to ??? level (message ??? from trust board level)

??? or middle ??? ?? in that direction

??? same still working in old way

Trust has set up joint training with ??? – eg, course in employment ?? enlightened managers will listen

No suggestion?? to ID ??? who are not working ???

No. of ??? would give an indication

There will be no ?? direction at ??? level ??? been PCT much re ?? disappointment

Don’t know if any action under ?? who could ring chief executive confidently and speak to him openly

Max Millett is always open to such approaches

Code A attends all inductions

??? between culture at Portsmouth Healthcare Trust

Why did this go wrong?

How can things be changed?

People are given a second chance in appropriate cases

It is a very ??? organisation – even prepared to error in an open dialogue over ??? and pay

Unhappiness ??? ??? ??? ?? trust to Portsmouth and East Herts

Much more written ??? accessible to staff as to what's happening in in ??? to Code A & need for Board Management to ??? people what is going to happen in April 2002

Aspect of care really under valued to ?? view is based ??? to patients

Full ?? input under trust whistleblowing policy and also into domestic abuse issues

Trust has gone out of its way ?? after years to meet ?? ??

Trust has always allowed employees who wished to can move from CP?? To Whitley ??? ???

Trust ??? to be a very good employer

Working time ??? Management has ?? a lot of time educating staff about working hours & benefits of EWI??

They'll own up if they make mistakes.

Code A would expect that staff would investigate if incident ??? to then

Difficulty to persuade staff, safe to blow whistle on major incident

Working hard to create culture

I've never seen anything major I would want to blow whistle on ??? ?? the side of being too ??

Trust issues reasonable but Heads of department meetings????????????????????

At ??? suggestion there is ??? ??? with ??? ??? on issues & matters ??? staff

Confident that NB messages about trust business getting through to staff

??? is getting through to people who don't want to know, only want to complain

Workers a health care support level difficult to persuade to take interest

??? ?? ?? ?? wards has changed much more dependent much sickness on wards for longer

Code A works on all 4 wards

Immediate support from Pat for OT's

Independent counselling service for staff completely independent of trust (up to 6 counselling ???available)

We are calling organisations but some ?? less ??? than others

Chaplainancy service - ??? into teams – open accessible & ???

Human scale - people know each other – like a family??

Sits very well within community - people are ???

Appraisal process trust is ‘??? In People’ centred

Approval cycle built into business process - all staff ?? IPR’s

Through induction process general and specialist ??? each and every

This to encourage ??? practice

Betty Woodlands, RCN steward, GWM, 23/11/01

BW has been a nurse at GWM for over 20 years and worked part time at minor injuries unit until emergencies transferred to Haslar

Although technically retired still acts as steward and does staff training

She has been representing 18 nurses at GWM since 1998; she reports that 'all are very apprehensive'

She will probably be attending all CHI interviews with nursing staff

She has kept in regular touch with all nursing staff who have left GWM since the incidents giving rise to the police investigation

No 'us and them' feeling between unions and management at GWM

Other unions working at trusts are Health Visitors Association (not many members at GWM) and MFS

Lots of support systems for staff (counselling in wards) in house training

Staff nursing - all staff (HCA) encouraged to do Level 2 NNVQ subsidised by the trust

Actually encouraged staff to do additional training

Usually finding & found?? For it

Book issued annually to staff about training opportunities

IPR process doesn't work well every ??? ?? just because of live managers
General nurses won't have same ?? of super?? As specialist nurses

??? practice – ward in 97/98 in Havant. Younger nurses took it on board seriously but older nurses a bit wary of clinical ?? and ??? to reflective practice (not needed because we talk about things anyway so why are ??)

Turn-time contracts to enable patients to look after ??? more family - friendly ??
How ??? adopted

Nursing input into policy development – BW has had major contribution

I'm really proud of our whistle blowing policy, it definitely works. It is used

Staff don't mind whistle blowing – they know they will be given support. Its taken very very seriously

Drug administration policy – major nursing input

Domestic abuse policy – used as benchmark around the country
Occupational health ?? accessible for staff facing difficulties

Team brief keeps staff well informed – good ??? for nursing staff

Life isn't going to change much for community ??? staff will pretty much stay the same, some of the ?? will change

Ellen Barnes, Nursing Director has supported nurses with police inquiry to the full

Gerontology ??? Programme (with Southampton Centre) Gosport staff heavily involved

Different ??? then?? Own ?? – joint ??? ??? to address this

Complaints are taken only seriously

Mr **Code A**

Staff nurse Shaw?? – ?? with wife overdosing – sister reviewed medication

Dr Reid not ?? reviewing medication.
Mr A told him & he said he'd investigate

Wife in chair – wakes out of reach & too heavy

Told standing by side of bed and left her stained floor not cleaned up – did smell.
Told was an old stain

Told Dr Reid – take **Code A**?? Home – not happy with care. Dr Reid took note and said not happen again

Care 200% better than at Dryad

When got to Daedalus – couldn't reach anything. Wife wouldn't raise with nurses.
Very reserved

Moved trolley table away & not put back

In Dryad – tried very hard to find a suitable chair for wife

One lovely nurse in Dryad – went to say hello to every patient before even got coat off

Food on table & left no one helped her to eat

Dr Lord - not able to see her - ?? her away – used team words not understand

Everyone wants to talk to him – had to get that ?? before anyone wants to listen to him

Upset by treatment at Daedalus - got ??? – had 2 falls – one not sure they knew about

Wife never incontinent until went into Daedalus
Emergency button never able to reach – so wet ?? and then put pads on and now permanent