Investigation at Gosport War Memorial Hospital

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Purpose of this Session

- Additional Information for Team
- Any details to be checked out for final briefing report?
- Follows Terms of Reference
- Based on
  - Review of full set of documents
  - Simple analysis of PAS data for GWMH

National Context (I)

- Pre 1998. Standard of NHS care for older people causing concern.
- Various reports produced identified concerns:
  - Deficient care
  - Ageism
  - Inadequate and demoralised workforce
  - Poor environment
  - Lack of seamless care etc
- National Service Framework for Older People 2001. Standards for care in all care settings

National Context (II)

- 1996 NHS Complaints procedure

- Clinical Governance Introduced 1998

- Baseline Assessments 1999

Local Context (I)

- Gosport War Memorial Hospital part of Portsmouth HealthCare NHS Trust (1994)
- Community and specialist healthcare services including:
  - Mental Health (Adult and Elderly)
  - Elderly Medicine
  - Community paediatrics
  - Palliative care
- Services being transferred to other organisations
- Cease in March 2002

Local Context (II)

- Local population -Portsmouth and South East Hampshire HA
  - Predominantly white
  - Similar age profile to England average (65+)
  - Less deprivation than average
  - Lower illness rates and mortality than average

Local Context (III)

- Finances
  - Budget > £100m
  - > 20% of expenditure is for Elderly Medicine
  - Met financial targets in 1998/99 & 2000/01
- Staff
  - ~3500 wte
- Met or exceeded targets in 1998/99
- Targets were "generally met" in 2000/01

Trust Organisation

- Trust Board
  - Chair, 5 NED, 4 Exec (Operations, Nursing, Medical and Finance)
- Specialist panels reporting to Board:
  - Business Case
  - Financial Audit
  - Clinical Governance
  - Risk Management Group
  - Finance and Performance
  - Pay and Remuneration
  - Mental Health

Trust Organisation (II)

- Public Meetings and Strategic Briefings
- Agenda Items for Trust Board include
  - Reports from specialist panels
  - National Policies
  - Performance Indicators
  - Quality Indicators (Complaints; risk reporting etc)
  - Reconfiguration of services

Selected Key Achievements 1998/99

- GOSDOC scheme extended. GPS use GWMH as part of on call service

- Nursing and medical staff shortages remain

- Stroke service recorded high scores in National Sentinel Stroke Audit

- Initiatives to Ease Winter pressures

Selected Key Achievements 1999/00

- Community Hospitals /GP Beds
  - Schemes to provide better and more local services and ease pressure on beds introduced
  - Family doctors play central role in developing and providing services
  - IIP accreditation achieved
  - Work top secure better feedback for patients/carers completed
  - Difficulties in recruiting and retaining staff
  - Social work staff based at GWMH

Selected Key Achievements 1999/00

- ## Elderly Medicine
  - Pressure on staff intense
  - Clinical Practice facilitator provided for continence, nutrition and would care support
  - Service identified as centre of good practice on acute wards (Help Aged national report)
  - Funding for 4th SpR

Selected Key Achievements 2000/01

- Launch of Older person's Nursing Development programme in conjunction with RCN

- Involved in running intermediate care schemes – a series of initiatives to ease winter pressures

Divisional Organisation

- Trust organised into Divisions, each with a General Manager – accountable to Nursing Director and Director of Operations
- Elderly Medicine
  - Dept of Medicine for Elderly People
  - Queen Alexandra St Mary's Hospital; Jubilee House
  - Acute Care, Stroke care, Continuing care, Rehab, Out patients and Day Hospitals

Divisional Organisation

- Fareham & Gosport Locality Divison
  - Community Services (EMH, GWMH etc)
  - Continuing Care, Intermediate Care, Day hospital and Outpatients at GWMH
- Patients referred to GWMH from several sources:
  - Directly from PHCT to Daedalus or Dryad
  - Admitted via Elderly medicine consultant t of Portsmouth Hospitals NHS Trust
  - GP Referral to Sultan Ward
  - From Elderly medicine (Acute) at PHCT

Liaison with Other Organisations

- Other organisations in local Health Economy
  - East Hampshire PCT
  - Fareham Primary Care Group
  - Gosport Primary care Group
  - Isle of Wight & Portsmouth & SE Hants HA
  - Portsmouth City PCT
  - Portsmouth Hospitals NHS Trust

Selected Trust Policies

- Policy for Management and Development of Policies (1995, Revised 2000)

- Handling Patient Related Complaints (1997, updated Jan 2000)
  - Acknowledging, investigating & responding to complaints

- Risk Management Policy (Oct 2000)
  - Responsibilities; identifying, assessing and prioritising risks; Action planning

Selected Policies

- Risk Events Recording and Reporting Policy (1994, updated Dec 1999 & April 2001)

- Whistleblowing policy (June 1998)

- Resuscitation status policy, (Oct 1995, revised Jan 2000)

- Prevention and Management of pressure ulcers (Feb 200). Incorporates local guidelines first written in 1994

Selected Policies

- Prevention and Management of malnutrition. (Nov 2000)

- Assessment and management of Pain (April 2001)

- Prescription writing policy

- Control and Administration of Medicines by Nurses (Jan 1997)

- Admission and Discharge Policy

- Records and Record keeping

Clinical Governance(I)

- Quality strategy (1998)
  - Framework of what quality means for trust and how working towards a "First Class Service"
  - States that "quality was seen to be secondary to activity/cost in contract negotiation and monitoring and performance review" and "quality improvement activities were fragmented and uncoordinated"

Clinical Governance (II)

- Clinical Governance Panel established
- CG Reference Group to support panel also established – meetings "workshop format"

Clinical Governance

- District Audit reviewed CG arrangements 1998/9
  - 'Improving Quality Strategy document' reflected sound understanding of CG
  - Work on gathering user views needed to be more focussed and processes strengthened
  - Protocols were written but not always implemented
  - Lessons learned from complaints and incidents reported but not always used to change practice
  - R&D does not always lead to change in practice
  - Results of clinical audit not always implemented and re-audited

Staffing

- Recruitment drive 2000/01 – 60 from overseas
- Employee Assistance Programmes

Education

- Training and Education strategy group established
- Gerentological Nursing Programme

Patients' Perspective

- Significant number of complaints on
  - Staff Attitude, Clinical Treatment and Admission/Discharge/Transfer arrangements
- Highest number of complaints – Elderly Medicine in more than 1 report