Gosport Investigation – Proposed Framework

Acknowledgements
To be added

Executive Summary

Introductory Background

In reaching conclusions must address whether, since 1998, there had been a failure of trust systems to ensure good quality patient care in the following areas:

- Arrangements for the administration of drugs

Information provided by three expert police witness reports which suggest that diamorphine, haloperidol and midazolam had been prescribed in and around 1998 without sufficient cause and in sufficient doses and combinations which could adversely affect frail patients.

Clear that great efforts have been made by the trust to develop policies and procedures governing prescribing for pain and the use of syringe drivers and to familiarise patients with them ?evidence?. Palliative care guidelines are in general use and expert advice is provided by the Palliative care team and others with specialist input.

Data provided by the trust for 1999,2000 and 2001 indicate a reduction in the supply of injectable diamorphine, haloperidol and midazolam in Deadlus and Dryad wards. CHI undertook an independent review of case notes and reached ……

- Transfer arrangements

Some confusion over purpose of wards at the GWMH and therefore the patients who should be admitted. Sense that relatives were given raised expectations on discharge from the acute trust in order to free up beds. The rehabilitation team are not involved in assessing patients before transfer and unsuitable patients are admitted. (Could check readmission rates here). Nurses spoke of patients being increasingly ill on admission in recent years and die fairly shortly after admission.

Discharge arrangements appeared sound with multi disciplinary assessment and patchy social services input. Some ambiguity around setting and working towards discharge dates. Feedback from local nursing home suggest a constructive working relationship, with nursing home staff encouraged to assess and meet patients prior to discharge.

Some degree of time lag between medical assessment in the acute setting prior to discharge and assessment on admission.

Still work to do with acute/MOD hospital here.

- Responsibility for patient care

Medical accountability appears sound for trust employed doctors, appraisal systems and personal development plans are in place. All patients admitted to Dryad and Deadalus wards are under the care of a consultant. Patients admitted to Sultan ward are under the care of a named GP who undertakes their medical care. Concern over supervision/appraisal of contracted GPs and responsibility out of hours. Nursing accountability appeared sound, though supervision arrangements less so.

- Culture of care

Culture of the trust that of the caring employee, unclear as to the priority given for patient involvement in a strategic way, this may have been compromised due to the PCT reorganisations.

Concern over the culture of care afforded to elderly patients with dementia, who are sometimes perceived as a "problem" some concern in 1998 over the use of drugs to manage behaviour rather than pain.

Multi disciplinary working in infancy though commitment exists from the staff.

Academic approach of nurse director showed no real commitment to patient involvement.

Trust still in denial to some extent over the complaints in 1998 and subsequent police involvement. Managed to convince themselves that they had bee exonerated and still firmly believe this, though some obvious contradiction over the amount of work done to address the prescribing concerns.

Key conclusions

Key recommendations

Chapter 1 - Terms of reference and process of the investigation

During the summer of 2001, concerns were raised with CHI about the use of drugs and the culture of care provided to older people at the Gosport War Memorial Hospital. These concerns included the following:

(i) Arrangements for the administration of drugs
(ii) Transfer arrangements between the Gosport War Memorial Hospital and other local hospitals
(iii) Responsibility for patient care
(iv) The culture in which care is provided

The trust were asked to provided CHI with a chronology of events surrounding the death of one patient, together with an outline of how the issues raised had been addressed.

On 18 September 2001, CHI's Investigations and Fast Track Clinical Governance Programme Board decided to undertake an investigation into the management, provision and quality of healthcare for which Portsmouth Healthcare NHS Trust is responsible at the Gosport War Memorial Hospital. The reason behind this decision was evidence of high risk activity and the likelihood that action by CHI would result in lessons for the whole of the NHS.

Terms of reference

Prior to the final agreement of the investigation terms of reference by the Investigations and Fast Track Clinical Governance Programme Board in ????? discussions were held with the trust, the Isle of Wight, Portsmouth and South East Hampshire Health Authority and the NHS South East Regional Office to ensure that the terms of reference would deliver a comprehensive report with the maximum learning for the NHS.

The agreed term of reference is as follows;

The investigation will look at whether, since 1998, there had been a failure of trust systems to ensure good quality patient care. The investigation will focus on the following elements within services for older people (inpatient), continuing and rehabilitative care) at Gosport War Memorial Hospital.

(i) Staffing and accountability arrangements, including out of hours.
(ii) The guidelines and practices in place at the trust to ensure good quality care and effective performance management.
(iii) Arrangements for the prescription, administration, review and recording of drugs.
(iv) Communication and collaboration between the trust and patients, their relatives and carers and with partner organisations.
(v) Arrangements to support patients and their relatives and carers towards the end of the patients life.

(vi) Supervision and training arrangements in place to enable staff to provide effective care.

In addition, CHI will examine how lessons to improve patient care have been learnt across the trust from patient complaints.

The investigation will also look at the adequacy of the trusts clinical governance arrangements to support inpatient continuing and rehabilitation for older people.

CHI's investigation team

Alan Carpenter, chief executive, Somerset Coast Primary Care Trust
Dr Tony Luxton, consulant geriatrician, Lifespan Healthcare NHS Trust
Julie Miller, CHI Investigations Manager
Maureen Morgan ???
Mary Parkinson, lay member (Age Concern)
Jennifer Wenborne??

The team was supported by:

Liz Fradd, CHI Nurse Director, was the lead CHI director for the investigation
Anne Grosskurth, CHI Investigations Manager
Nan Newberry, CHI Senior Analyst
Kellie-Ann Rehill, CHI Investigations Coordinator

The investigation process

The investigation consisted of six inter related parts:

Review and analysis of a range of documents specific to the care of older people at the trust, clinical governance arrangements and relevant national documents (See appendix ? for a list of documents reviewed).

Analysis of views received from (insert number) patients, relatives and friends about the care received at the Gosport War Memorial Hospital. Views were obtained through a range of methods which included meetings, correspondence, telephone call and a short questionnaire. (See appendix ?? for an analysis of views received.

A five day visit by the CHI investigation team to the Gosport War Memorial Hospital when all groups of staff involved in the care and treatment of older people at the hospital and relevant trust management were interviewed. (See appendix ?? for a list of all staff interviewed).

Interviews with relevant agencies and other NHS organisations, including those representing patients and relatives (See appendix ?? for a list of organisations interviewed).

An independent review of case notes ????

Chapter 2 – Background to the investigation

Events leading up to the CHI investigation

Police investigations
The death of a 91 year old patient in August 1998 on Deadalus ward led to a complaint by the family regarding her care and treatment, issues around the use of drugs were subsequently referred by one member of the family to the police in December 1999 (?). Following investigation by the police, in March 1999 the Criminal Prosecution Service decided that there was insufficient evidence to proceed to a prosecution. The police investigation was reopened and in January 2001 the Criminal Prosecution Service decided on the basis of a police expert witness report that there was insufficient evidence to proceed.

Local media coverage resulted in nine other families raising similar concerns with the police. Four further deaths in 1998 were then investigated by the police who commissioned a further two expert witness reports which were made available to CHI. These reports raised very serious concerns regarding the prescribing methods used in the Trust .??????????
Need to check how much detail to go into here with police.
GMC & UKCC referrals.

Complaints to the trust
There were nine complaints to the trust between 1998 and 2001, the period of the CHI investigation. Three complaints between August and November 1998 raised concerns which included the use of diamorphine and levels of sedation on Deadalus and Dryad wards. This includes the complaint which was subsequently taken up by the police.

National context
There have been many changes within the NHS and services for older people since 1998, when the trigger events for this investigation took place. It is important to note that there have been many changes within the NHS since then and that the culture and expectations of 2002 may not have been the norm in 1998.

The standard of NHS care for older people have long caused concern. A number of national reports have found care to be deficient. Amongst the concerns raised have been ageism, an inadequate and demoralised workforce, poor care environments and lack of seamless care within the NHS. The NHS Plan's section "Dignity, Security and Independence in Old Age" published in July 2000, outlined the government's plans for the care of older people which would be detailed in a National Service Framework .

The National Service Framework for Older People was published in March 2001 and sets standards of care of older people in all care settings. It aims to ensure high quality of care and treatment, regardless of age. Older people are to be treated as individuals with dignity and respect. The framework places special emphasis on the older patient's, their relatives and carers' involvement in the care process, including care planning. There are to be local mechanisms to ensure the implementation of the framework with progress expected by June 2001. (Chapter ??? highlights how the Portsmouth Healthcare NHS Trust have addressed the NSF targets).

Though focussing on the standards of nursing care for older people in acute settings, the Standing Nursing and Midwifery Advisory Committee's 2001 report found standards of care provided to older people to be deficient. Fundamental aspects of nursing, such as nutrition, fluids and rehabilitation needs were found lacking. Amongst the suggested reasons for this were lack of clinical leadership, inadequate training and lack of resources.

Trust context

Gosport War Memorial Hospital is part of Portsmouth Healthcare NHS Trust (PHCT) which was formed in 1994. PHCT provided a range of community based and specialised health services for the people of Portsmouth, Fareham, Gosport and surrounding areas. These services included mental health (adult and elderly), community paediatrics, elderly medicine, learning disabilities and psychology. PHCT was dissolved in March 2002. Services have been transferred to local Primary Care Trusts. Elderly medicine has been transferred to the Fareham and Gosport PCT when it became operational in April 2002.

The trust was one of the largest community trusts in the south of England and employed almost 5,000 staff. The trust had a budget in excess of £100 million, over 20% of income was spent on its largest service, elderly medicine. All three financial targets were met in 2000/01.

The local population is predominantly white (98.5%). The age profile is very similar to that of England although the proportion of people over the age of 65 is slightly higher than the England average.

Services for Older People

Services for older people in Portsmouth are provided by the department of medicine for elderly people. The department provides acute admission, rehabilitation, continuing care, day hospitals and palliative care. The department is based at Queen Alexandra Hospital with facilities at St Mary's Hospital (both part of the local acute trust, Portsmouth Hospitals NHS Trust). The department works closely with the community hospitals in Fareham, Gosport (the Gosport War Memorial Hospital) and Petersfield. (check Havant & Emsworth?). The Gosport War Memorial Hospital provides continuing care, rehabilitation, day hospital and outpatient services.

As part of the Portsmouth Healthcare NHS Trust, the Gosport War Memorial Hospital was managed by the Fareham & Gosport Division of the trust. The division also managed trust wide services including physiotherapy and occupational therapy advice. Responsibility has now transferred to the Fareham and Gosport Primary Care Trust.

In patient services for older people at the Gosport War Memorial Hospital

Four wards admit older patients at the War Memorial, Dryad, Deadalus, Sultan and Mulberry wards.

Dryad Ward
20 bedded continuing care ward for frail elderly patients who are admitted under the care of a consultant from the department of elderly medicine and clinical assistants (?). Admission is arranged following GP referral of elderly medicine consultants based at the acute hospitals.

Deadalus Ward
24 bedded ward for continuing care (?)and slow stream rehabilitation for elderly frail patients. Admission is by GP referral or elderly medicine consultants based in the local acute trust.

Sultan Ward
Has 24 beds for patients whose care is managed by their own GP. This care includes both respite and palliative care. A sister, employed by the trust manages the ward. Admission is arranged by the GP directly with ward staff .

Mulberry Ward
A ??? bedded assessment ward comprising of the Collingwood and Ark Royal Units for elderly mental health patients. This ward has not been part of the CHI investigation.

The criteria for admission onto both Dryad and Deadalus wards until April 2002, are that the patient must be over 65 and be registered with a GP within the Gosport PCG. In addition, Dryad patients must have a Barthel score of under 4/20 and require specialist medical and nursing intervention. Deadalus patients must require multidisciplinary rehabilitation for strokes and other conditions.

Ward	**1998**	**2002**
Dryad	Trust to complete	20 continuing care beds ? slow stream rehabilitation
Deadalus		24 rehabilitation beds; 8 general, 8 fast and 8 slow stream (since November 2000)
Sultan		24 GP beds

Findings

Recommendations

Chapter 3 – Staffing and Accountability

Medical Staff Accountability
Medical accountability for the care of older people in Deadalus and Dryad wards lies ultimately with the Medical Director. There is a lead consultant for Elderly Medicine who is contracted to provide ?? sessions at the War Memorial Hospital on Deadalus and Dryad wards. The job ? description for this post states that the post is a major challenge for "a very part time role" There are ?? sessions of consultant cover on Dryad and Deadalus wards. Both consultants report to the lead consultant. All patients are admitted under the care of a consultant. Junior medical support is provided by a staff grade physician employed on Dryad ward since 2000.

Clinical Assistant post – to be completed.
DR Barton subcontracted to other partners – never had contract with the trust.

Medical accountability for patients on Sultan ward lies with the admitting GP. The trust issues admitting GPs with a contract for working on trust premises, this is a legal document and describes very little about the GPs role. GPs visit their patient regularly and when requested by nursing staff.

Medical Supervision
Regular appraisal systems are in place for doctors employed by the trust, including those on locum contracts. All doctors interviewed by CHI, including the medical director who works 5? Sessions in the department of elderly medicine, have regular appraisals. Those appraising the work of other doctors have been trained to do so.

Nursing Accountability
Nurses are accountable to a clinical manager (G Grade) who is accountable to a senior nurse (H Grade). The senior nurse has responsibilities for continuing care and rehabilitation across both wards, the post was created in ??? . The senior nurse is accountable to the elderly service manager who reports to the general manager for the Fareham and Gosport division. The general manager is then responsible jointly to the director of nursing and the operational director.

Nursing Supervision

Outline of how nursing care is delivered, accountability arrangements, skill mix
Outline of how medical care is delivered – GP ward & clinical assistant role
Outline of how AHP support is delivered

Workforce and service planning

Recruitment and retention
Possible grid of staffing arrangements in 1998 and 2002
Staff welfare

Out of hours arrangements
Between the hours of 9 – 5, trust doctors manage the care of all patients on Dryad and Deadalus wards. Out of hours medical cover is provided by a local GP practice from ?? to ?? after which nursing staff call on Healthcall a local deputising service for medical input. Staff interviewed by CHI on all ?? wards reported long waits for this service and >>>>> In an emergency situation, nursing staff will call 999 for assistance and possible transfer to the local A&E department.

On Sultan ward, out of hours cover is provided by the GPs practice on-call arrangements. Emergency cover is provided through the 999 service.

Team working
How expert opinion is sought – within the team and without. Interfaces with palliative care, EMH, stroke service, social services.

Findings

Recommendations

Chapter 4 – Quality and the Patient Experience

Patient experience
The investigation examined in detail the experience of older patients admitted into the Gosport War Memorial Hospital between 1998 and 2001 and that of their relatives and friends. This was done in two ways. Firstly CHI made contact with a total of ?? patients and relatives during the stakeholder work. Secondly, CHI made a number of visits to Deadalus, Dryad and Sultan wards during the site visit week in January 2002.

CHI met with ?? patients and relatives towards the end of 2001, spoke to ?? over the telephone and received ?? letters and ?? completed questionnaires. There was a balance of opinion, ?? relatives spoke of their experience of the War Memorial Hospital as a positive, whilst ?? found the experience less so. (Details of the comments received can be found in appendix ??)

The most significant areas raised by stakeholders were; the attitude of staff, continence, patients clothing, the use of drugs and nutrition and fluids.

Attitude of staff
Comments ranged from the very positive "Everyone was so kind and caring towards him in both Deadalus and Dryad wards (doc 29) and "I received such kindness and help from all the staff at all times" (28) to the less positive "I was made to feel an inconvenience because we asked questions and "the doctor leaned on the wall and told us the next thing would be a lung infection and that will be it". "Got the feeling she had dementia and her feelings didn't count." (17)

Continence
A number of stakeholders raised concerns regarding the prompt catheterisation of patients on admission to the War Memorial. "They seem to catheterise everyone, my husband was not incontinent, the nurse said it was done mostly to save time".

Patients clothing
Many concerns were raised about patients who were not dressed in their own clothes, which distressed relatives. "They were never in their own clothes".

Use of drugs
The use of pain relief was commented on by a number of relatives. One asked the question, "Why weren't milder analgesics given before administration of diamorphine?". (6) doctors should disclose all drugs and why and what side effects are. There should be more honesty" (20).

Nutrition and fluids
Concerns was expressed by relatives around a perceived lack of nutrition and fluids as patients drew to the end of life, " no water and fluids for last four days of life" (13). Comments were also raised about patients left to eat without assistance. An number of stakeholders commented on untouched food being cleared away.

CHI Observation work
Pairs of the the CHI team visited Dryad, Sultan and Deadalus wards throughout the week of 7 January 2002 to observe first hand the environment in which care was given and the intereations between staff and patients and between staff. Observation periods included staff handovers, mealtimes and a multidisciplinary team visit. The team also visited at night. Ward staff welcomed the CHI team and were friendly and open.

Ward environment
All of the elderly medicine wards were built during the 1991 expansion of the hospital and are modern, welcoming and bright. This view was echoed by stakeholders who were complimentary about the décor and patient surroundings. Wards were tidy, clean and fresh smelling. Day rooms are pleasant and Deadalus ward has direct access to a well laid out garden suitable for wheelchair users with seating. Storage space in ??? ward appeared to be short and as a result the corridors had become cluttered with equipment

which appeared problematic for patients using walking aids. Deadalus ward has a separate single room for independent living assessment with own sink and wardrobe.

Staff
The CHI team saw patients addressed by name in a friendly way and saw examples of good patient staff interaction. The staff handovers observed well run and information exchanged appropriately.

Mealtimes
Mealtimes were well ordered with patients given a choice of options and portion size. Generally patients were assisted to eat and drink. There appeared to be sufficient staff to serve meals and to note when meals not eaten.

Patient experience
Patients are able to watch the television in day rooms, where there are large print books puzzles and current newspapers. The CHI team saw little evidence of social activities such as eating together taking place, with the exception of watching the television. Bells to call assistance were available to patients, though less accessible to patients in the day rooms.

Findings
Relatives speaking to CHI had some very real concerns about the care their relatives received on Deadalus and Dryad wards, largely around 1998 – 2000??. Less concerns were expressed regarding Sultan ward.

The ward environments are pleasant and staff the team met welcoming and friendly.

Recommendations

That patient all complaints, informal and formal which express regarding any of the issues referred to paragraph ?? be a regular item on all monthly ward meeting agendas.

That all systems such as the whiteboard system used to record patient comments in use on ?? ward be explintroduced on all elderly wards and emerging themes fed into monthly ward meetings.

That the role of the activities coordinator be revised and strengthened.

Chapter 5 – Guidelines and Practices

CHIs remit is to investigate the adequacy of systems to support good patient care. CHI looked at a range of these systems which have been developed into policies and practices by the trust and have assessed their impact on patient care.

Refer to HAS standards, Essence of Care

Outline drivers for change
Outline process for writing/agreeing policy

Policies looked at in relation to the TOR;

Patient transfer
DNR
Palliative care
Nutrition and fluids
Medical records
Continence
Consent
Control of infection – MRSA
Rehabilitation
Continuing care

Findings

Recommendations

Chapter 6 - Arrangements for the prescription, administration, review and recording of drugs

Detailed look at the policies used around drugs. Assess changes made since 1998, look at the drivers for that change and assess how policies were developed and support training delivered.

Assessment and management of pain
New policy, how developed and how implemented. Training? Role of nurses, what happens out of hours/weekends. Medical input.

Prescription writing policy
How developed and implemented and training. Use of Sultan ward? Out of hours?

Control and administration of medicines by nursing staff
How competencies are checked/maintained. Role of HCSW.

Use of syringe driver policy
How competencies are checked, combination of drugs usesd.

Chapter 7 - Communication

Patients
Outline of how the trust & service engage with patients and demonstrable outcomes. Patient and User Framework, surveys etc.

Relatives and carers
Examples of involvement in decision making eg discharge planning and use of syringe drivers

Staff
Good internal communications systems, staff aware of impact of PCT etc.

Primary care
Interfaces with existing PCGs, GPs, GPs on Sultan ward

Acute trust/Haslar
In general – transfer issues will need to be picked up elsewhere.

Social Services
Joint planning arrangements, involvement in discharge planning.

Nursing homes
Positive stakeholder feedback from top three local nursing homes.
Examples of good joint working

Findings

Recommendations

Chapter 8 – End of Life

Casemix issues, increasing acuity of patients and impact. Expectation issues at referring hospital. Unclear use of term rehabilitation, what does continuing care mean?

Definition of terms.

Specialist input
Palliative care team, local hospice – some joint training etc.

How patient care is delivered?

How are relatives supported?

DNR
Use and understanding – how are relatives engaged, how recorded.

How does the trust support staff?

Cultural and spiritual needs

Chapter 9 – Supervision and training

Possible link into Chapter 3, staffing and accountability?

Medical supervision
Consultant appraisal, junior medical staff supervision, role of medical director, GP assistants and GPs on Sultan ward?
How is poor performance addressed?

Nursing supervision
How does this work? Role of Ward Managers and service management structure. Role of Nurse Director.
How is poor performance addressed?

AHP supervision
Structures and methods used. Interface with acute trust?

Induction training

Mandatory training

Examples of joint training

Findings

Recommendations

Chapter 10 – Complaints

The trust forwarded details of nine complaints made surrounding the care and treatment of patients on Dryad, Deadalus and Sultan wards between 1998 and 2001. CHI was told that over four hundred letters of thanks had been received during the same period. A number of the complaints raised concerns regarding the use of drugs, especially the levels of sedation administered prior to death. Complaint 3 was referred to the Health Services Commissioner (Ombudsman) whose medical advisor found the choice of pain relieving drugs appropriate in terms of drug, doses and administration. Complaint 5 was referred to an Independent Review Panel, which found that drug doses, though high, were appropriate, as was the clinical management of the patient.

(Initials must be removed in later drafts)

August 1998	Complaint 1 (MRS R) Care and treatment on Deadalus ward (concerns subsequently raised with police regarding use of pain relief)

October 1998	Complaint 2 (MR C) Use of syringe driver to deliver diamorphine on Dryad ward.
November 1998	Complaint 3 (MRS P) Medical and nursing care. Diamorphine usage on Dryad ward. This complaint was reviewed by the Health Service Commissioner
December 1999	Complaint 4 (MR S) Quality of nursing care on Deadalus.
January 2000	Complaint 5 (MRS D) Clinical care, including use of sedation and communication with family on Dryad ward. This complaint was reviewed by an Independent Review Panel
June 2000	Complaint 6 (MRS G) Nursing care and pain relief of Dryad ward.
June 2000	Complaint 7 (MR R) Nursing care and communication on Sultan ward
August 2000	Complaint 8 (MRS W) Care received on Sultan ward
May 2001	Complaint 9 (MRS H) Transfer arrangements from acute hospital to Sultan ward.

Complaint Handling

The trust has a policy for handling patient related complaints produced in 1997, based on national guidance "Complaints: Guidance on the Implementation of the NHS Complaints Procedure" published in 1996. The trust produced a leaflet for patients detailing the various stages of the complaints process. This includes the right to request an Independent Review if matters are not resolved to their satisfaction together with the address of the Health Service Commissioner.

Both the Trust and the local CHC described a good working relationship. The CHC however regretted that their own resources had, since ???, prevented them from offering the kind of advocacy services to Trust complainants they would have wished.
CHI found that letters to complainants in response to their complaints do not always include an explanation of the IRP process, though this is outlined in the leaflet forwarded to complainants earlier in the process. Audit standards for complaints handling (1.4 p6??) are good with at least 80% of complainants satisfied with complaint handling and performance targets for responses met. All written complaints are responded to centrally. Staff interviewed spoke favourably of the Chief Executive's personal involvement in complaint resolution and correspondence and valued his input. Letters to patients and

relatives sent by the trust reviewed by CHI were thorough and sensitive. The trust adopts an open response to complaints and apologises for any shortcomings in its services.

Once the police became involved in Complaint 1 the trust ceased internal investigation processes. One senior trust manager told CHI that would have commissioned an investigation without question if the police investigation had not begun. The police involvement did not need to preclude an internal investigation. The GP Clinical Assistant involved in the care of this patient wrote to the trust's quality manager expressing concerns that she discovered Complaint 1 had been made by accident three months later (?). Porters interviewed by CHI expressed concern that they were not asked for statements during the initial investigation of this complaint, given their close involvement with the patient during transfer.

Trust Learning
Though action was taken to develop and improve trust policies around prescribing and pain management (as detailed in chapter??), this was not the result of a fundamental review of prescribing practice prompted by the emerging themes from complaints. In addition, the trust did not use the police involvement, that of the Health Service Commissioner nor the fact that an Independent Review Panel had been convened, to trigger a review of prescribing practices.

Lessons around areas other than prescribing have been learnt by the trust, though the workshop to draw together this learning was not held until early 2001 when the themes discussed were communication with relatives, staff attitudes and fluids and nutrition. Action taken by the trust is as follows:

- Piloting of pain management charts and prescribing guidance approved in May 2001.
- The appointment of a staff grade doctor in September 2000.
- One additional consultant session in ??(is this true?)
- Increase in consultants ward round from fortnightly to weekly from February 1999.
- Nursing documentation now clearly identifies prime family contacts and next-of-kin information.
- All conversations with families are now documented, supported by training.

Monitoring and Trend Identification
A key action identified in the 2000/01 Clinical Governance Action Plan was a strengthening of trust systems to ensure that actions following complaints have occurred. The Trust's Quality Manager plays a key role in this. Actions are now monitored through the divisional review process and the Clinical Governance Panel and Trust Board. A Trust database was introduced in 1999 to record and track trends in recent complaints. An investigations officer was also appointed in order to improve fact finding behind complaints.

The Trust offers specific training in complaints and customer care which many, though not all, staff interviewed by CHI were aware of and had attended. The Trust has a well defined and respected line management structure through which staff are confident emerging themes from complaints would now be identified.

Findings

That the trust did not use the complaints made in 1998 and 1999 as a trigger for an internal investigation into the prescribing practices of all clinicians working in the department of elderly medicine.

That the trust now have a robust system through the Divisional Review Process, supported by the clinical governance framework to identify and address potential patterns of concern and failure highlighted by formal complaints.

That changes to improve the quality of care to older people have been made by the trust as a result of patient complaints.

Recommendations

That any pattern of concern, within the NHS, emerging from the prescription of opiates by referred immediately to the National Patients Safety Agency.

That the PCT, using the knowledge of ward and service managers, ensure attendance of all staff on trust customer care and complaints training events.

That the PCT ensures that the learning and monitoring of action arising from complaints undertaken through the Divisional Review system is maintained.

Chapter 11 – Clinical Governance

Introduction

Clinical governance is a framework of systems and processes which NHS organisations establish to deliver high quality patient care. CHI has not conducted a clinical governance review of the Portsmouth Healthcare NHS Trust but has looked at how trust clinical governance systems support continuing and rehabilitative ms support in inpatient.... CHI description .....divided into seven strands; clinical audit, research and effectiveness, risk management, staffing and staff management, patient experience, use of information, training and education. Many of these strands of clinical governance have been addressed elsewhere in the report. This chapter sets out the framework and structure adopted by the trust between 1998 and 2002 to deliver the clinical governance agenda and details those areas most relevant to this terms of reference; risk management

including medicines management and the systems in place to allow to staff to raise concerns.

Summary
The trust reacted swiftly and appropriately to the principles of clinical governance outlined in ???? In September 1998 a paper outlining how the trust planned to develop a framework for clinical governance was shared widely across the trust, aiming to include as many staff as possible. Staff interviewed by CHI showed a good understanding of clinical governance and how it related to them in their individual roles.

District Audit carried out an audit of the trust's clinical governance arrangements in 1998/99. The report, dated December 1999, states that the Trust had fully complied with requirements to establish a framework for clinical governance. The report also referred to the Trust's document "Improving Quality – steps towards a First Class Service" was of a high standard and reflected a sound understanding of clinical governance and quality assurance.

Whilst commenting favourably on the framework, the District Audit Review also noted the following:

- The process for gathering user views needed to be more focussed and the process strengthened.

- The clinical governance loop needed to be closed in some areas to ensure that strategy, policy and procedure resulted in changed/improved practice. Published protocols were not always implemented by staff; results of clinical audit were not always implemented and re-audited; lessons learnt from complaints and incidents not always used to change practice and that R&D did not always lead to change in practice.

- More work needed to be done with clinical staff on openness and the support of staff alerting senior management of poor performance.

Following the Review, the Trust drew up a trust-wide action plan in December 1999 which focussed on widening the involvement and feedback from nursing, clinical and support staff on Trust protocols and procedures and on making greater use of R&D, clinical audit, complaints, incidents and user views to lead to changes in practice.

Outcome of this????

Structure
The Medical Director took lead responsibility for clinical governance. A Clinical Governance Panel was established as a sub committee of the Trust Board, chaired by ??? The Clinical Governance Panel was supported a Clinical Governance Reference Group, whose membership included representatives from each clinical service, professional group, non-executive directors and the chair of the Community Health Council. Five key

themes were identified for action at the groups first meeting in October 1999: continuing professional development, clinical audit, evidence based practice, patient and user involvement and clinical risk management

In addition, each service has its own Clinical Governance Committee led by a designated clinician, including wide clinical and professional representation. Baseline assessments have been carried out in each specialty and responsive action plans produced. The quarterly Divisional Review system was modified to include reporting on clinical governance in ??. The Medical Director and Clinical Governance Manager attend Divisional Review meetings and report key issues back to the Clinical Governance Panel.

The Trust produced an action plan for clinical governance by May 2000 and submitted a progress report to the NHSE in March 2001.

Risk management
Definition?????
A Risk Management group was established by the Trust in ?? to develop and oversee the implementation of Trust's Risk Management strategy, to provide a forum in which risks could be evaluated and prioritised and to monitor the effectiveness of actions taken to manage risks. The Group has links with other Trust groups such as the Clinical and Service Audit Group, the Board and the Clinical Nursing Governance Committee. Originally the Finance Director had joint responsibility for strategic risk with the Quality Manager, this was changed in the 2000/03 strategy to include the Medical Director, who is the designated lead for clinical risk.

The Trust has an operational policy for "Recording and Reviewing Risk Events". New reporting forms were introduced in April 2000 following a review of the assessment systems for clinical and non-clinical risk. The same trust policy is used to report clinical, non-clinical and accidents. All events are recorded in the Trust's Risk Event Database. The procedure states that this reporting system should also be used for near misses and all drug and medication errors.
Staff interviewed demonstrated a good knowledge of the risk reporting system ..... CHI was told on a number of occasions, that risk forms were regularly completed by wards in the event of staff shortages. This is not one of the Trust's Risk Event Definitions.

Risk in Elderly Medicine??

Key risk issues from each service are identified and analysed through the Divisional Review system and actions planned to prevent reoccurrence eg??

Raising concerns

The Trust has had a Whistleblowing policy in place since 1998 (check as version I have is dated Nov 2001) The policy sets out the process staff should follow if they wish to raise a concern about the care or safety of a patient in the event of other procedures having failed or being exhausted. ???? M – is it good practice to include a nED??

Staff interviewed were largely clear of how to raise concerns within their own line management structure and were largely confident of receiving an appropriate response. There was less uncertainty around the existence of the Trust's Whistleblowing Policy. The policy states that it should come into effect once other channels have been explored. A Whisleblowing policy should afford all staff the right to raise concerns at the most senior level, outside of the normal reporting and managerial channels.

How structures will be taken forward by the PCT?

The Clinical Governance Development Plan for 2001/02 states that the focus for risk management in 2000/01 was the safe transfer of services to successor organisations, with the active involvement of PCTs and PCGs in the Trust's Risk Management Group. Meetings have been held with each successor organisation to agree future arrangements for such areas as; risk event reporting, health and safety, infection control and medicines management.

Findings

That the Trust has responded well to the clinical governance agenda and has a robust framework in place with strong corporate leadership.

Recommendation

That the PCT fully embrace the developments made and direction set by the Trust.

That the PCT revise the Whistleblowing policy in line with current best practice.