



# Investigation at Gosport War Memorial Hospital

## Summary of Evidence

December 2001

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## INTRODUCTION

This summary of evidence has been produced using documents and Patient Administration System (PAS) data supplied by Portsmouth HealthCare NHS Trust, and with additional national information sources and documents. References to the source documents are given as the Volume Number and Document number (or name). The summary of evidence has been written to more or less follow the terms of reference for the Investigation. It provides information on the work of Portsmouth HealthCare Trust and

Parenthesised figures in the Summary (Section 1) refer to the subsections of this document. Parenthesised figures in other sections refer to the original source document(s) in which the evidence was found (see Appendix 2).

We attach four appendices:

- Appendix 1 is a list of acronyms and abbreviations used
- Appendix 2 is a list of sources used
- Appendix 3 is a list of key personnel from various organisations
- Appendix 4 is the output tables from our analysis of the trust's PAS data.

# 1 SUMMARY

## 1.1

## **2 TRUST CONTEXT**

### **2.1 INTRODUCTION**

2.1

### **2.2 TRUST ACTIVITY**

2.2

### **2.3 POPULATION HEALTH**

2.3

#### **2.3.1 Standardised illness ratios**

2.4

#### **2.3.2 Mortality**

2.5

#### **2.3.3 Ethnic composition**

2.6

### **2.4 FINANCIAL HEALTH**

2.7

#### **2.4.1 Income and expenditure**

2.8

### **3 PATIENT OUTCOMES AND EXPERIENCE**

#### **3.1 CLINICAL EFFECTIVENESS AND OUTCOMES OF CARE**

3.1

##### **3.1.1 Mortality**

3.2

###### **3.1.1.1 *Emergency admissions***

3.3

###### **3.1.1.2 *Non-emergency admissions***

3.4

##### **3.1.2 Readmissions**

3.5

##### **3.1.3 Day case overstays**

3.6

##### **3.1.4 Surgical volume**

3.7

##### **3.1.5 Complications and misadventure**

3.8

#### **3.2 ACCESS TO SERVICES**

3.9

#### **3.3 ORGANISATION OF CARE**

3.10

##### **3.3.1 Fractured neck of femur**

3.11

##### **3.3.2 High Level Performance Indicators**

3.12

##### **3.3.3 Stroke Sentinel audit**

3.13

**3.3.4 Other evidence**

3.14

**3.4 HUMANITY OF CARE**

3.15

**3.5 THE ENVIRONMENT**

3.16

## **4 STRATEGIC CAPACITY**

### **4.1 TRUST ORGANISATION AND STRATEGY**

4.1

### **4.2 CLINICAL GOVERNANCE STRATEGY**

4.2

### **4.3 ORGANISATIONAL RESPONSIBILITIES FOR CLINICAL GOVERNANCE**

4.3



## 5 THE COMPONENTS OF CLINICAL GOVERNANCE

### 5.1 STAFFING AND STAFF MANAGEMENT

ST 1 Commitment to the management and direction of the staffing and staff management issues and the structures and accountabilities to lead this

5.1

ST 2 Communication to staff of their own responsibilities and accountabilities and reporting arrangements

5.2

ST 3 Monitoring and reporting of key performance indicators and action taken to tackle problems

5.3

ST 4 Joint approach to those aspects of care delivery where there is close partnership working with other organisations

5.4

ST 5 HR strategy which links with clinical governance and delivers national priorities, Working Together and Improving Working Lives targets

5.5

ST 6 Processes for workforce planning, linked to service planning, that incorporate current and future skill requirements and turnover

5.6

ST 7 HR processes, including recruitment processes, for the promotion of equality of opportunity and good race relations

5.7

ST 8 Systems and support for:- induction; appraisal and personal development planning; clinical supervision; dealing with cases of poor performance

5.8

ST 9 Arrangements to ensure deployment of appropriate staffing and skills

5.9

ST 91 Team working within teams

5.10

ST 92 Team working between teams

5.11

ST 10 Employee support services

5.12

ST 101 Learning from staff

5.13

ST 11 Risk assessments and management strategies to tackle accidents and violence to staff, and issues of workplace health, safety and ergonomics

5.14

ST 12 Compliance with directives on working time

5.15

ST 13 System to ensure that clinical staff registration and qualifications are checked on appointment and at time of revalidation

5.16

ST 14 Staff well-being and satisfaction

5.17

ST 15 Performance indicators

5.18

ST 16 Attainment of external human resource standards

5.19

## 5.2 EDUCATION, TRAINING AND CONTINUING PERSONAL AND PROFESSIONAL DEVELOPMENT

ED 1 Commitment to education, training and CPD and the structures and accountabilities to lead this

5.20

ED 2 Involvement of partner organisations in education, training and CPD

5.21

ED 3 Co-ordination of the strategy and programmes for education, training and CPD linking in with broad training and development plans

5.22

ED 4 Opportunities for, and participation by, staff and multi-disciplinary teams in work-based training

5.23

ED 5 Opportunities and support for, and participation by, staff in CPD programmes

5.24

ED 6 Opportunities and support for obtaining professional or further qualifications

5.25

ED 7 Support for staff undergoing formal education

5.26

ED 8 Systems to ensure that mandatory training requirements are met

5.27

ED 9 System to ensure that results of external assessments of training and education programmes are considered and acted upon

5.28

ED 10 Performance indicators

5.29

ED 11 Attainment of external standards / accreditation

5.30

### 5.3 CLINICAL RISK MANAGEMENT

CRM 1 Commitment to the management and direction of the clinical risk management programme, and the structures and accountabilities to lead this

5.31

CRM 2 Promotion of an open, blame-free culture for reporting incidents and near misses

5.32

CRM 3 Communication of requirements of staff to report risks and incidents (including in induction training), and the measures they must take to prevent and control risks (e.g. infections and pressure sores)

5.33

CRM 4 Involvement of partner organisations in clinical risk management for patients whose care is provided by a number of organisations

5.34

CRM 5 Co-ordination of the strategy and programmes for clinical risk management and systems for collecting and bringing together all information about risks

5.35

CRM 6 Systems for assessing clinical risks

5.36

CRM 7 Systems for reporting clinical incidents and near misses

5.37

CRM 8 Strategies and support for preventing and managing identified clinical risks e.g. use of trigger events; protocols for dealing with specific incidents

5.38

CRM 9 Learning from knowledge about clinical risks; systems to identify trends in incidents and to take action on them; consideration of clinical risks in service decisions; and dissemination of information about risks and incidents

5.39

CRM 10 Notification to the RO of specific serious clinical incidents

5.40

CRM 11 Performance e.g. of the number of incidents reported, occurrences of infections; occurrence of pressure sores [PIs to be determined]

5.41

CRM 12 Attainment of external risk management standards (e.g. CNST)

5.42

## 5.4 CLINICAL AUDIT

CA 1 Commitment to the management and direction of the clinical audit programme, and the structures and accountabilities to lead this

5.43

CA 2 Reporting of audit results and the impact of clinical audit on changes to practice

5.44

CA 3 The extent to which clinical audit work goes across organisational boundaries, for example involves primary care and social services

5.45

CA 4 Co-ordination of the strategy and programmes for clinical audit, priorities for clinical audit, and integration with the wider quality improvement programme

5.46

CA 5 Involvement of patients (or carers) in clinical audit

5.47

CA 6 The involvement of staff and the extent to which there is a team-based approach to clinical audit project identification, design, implementation and evaluation

5.48

CA 7 Availability and uptake of training and development in audit skills

5.49

CA 8 Support and resources for clinical audit and systems for audit approaches and methods

5.50

CA9 Learning from clinical audit, including the extent to which clinical audit results in sustained change and improvements to service plans and to patient care; and the extent to which clinical audit activity leads into and develops research questions

5.51

CA 10 Participation in confidential enquires and national audits (according to NICE priorities and guidance)

5.52

## 5.5 RESEARCH AND EFFECTIVENESS

RE1 Commitment to the management and direction of the research and effectiveness programme, and the structures and accountabilities to lead this

5.53

RE 2 The importance placed on implementing and monitoring evidence-based practice

5.54

RE 3 The extent to which research work goes across organisational boundaries, for example involves primary care, social services and educational organisations

5.55

RE 4 Co-ordination of the strategy and programmes for research, priorities for research and effectiveness work and integration with the wider quality improvement programme

5.56

RE 5 Involvement of patients (and carers) in research project identification, design, implementation and evaluation

5.57

RE 6 Involvement of staff and the extent to which there is a team-based approach to research project identification, design, implementation and evaluation

5.58

RE 7 Access and support for staff in the development of skills in research and evidence-based practice (such as critical appraisal skills training)

5.59

RE 8 Access to research results and evidence of effective practice by clinicians

5.60

RE 9 Learning from research: mechanisms to make operational effective practices such as evidence based guidelines for disease management; the extent to which research results in sustained change and improvements to service plans and to patient care; identification of performance indicators from research results; dissemination of the findings of research

5.61

RE 10 Compliance with NICE guidelines, NSFs and other agreed national guidelines  
5.62

## 5.6 CONSULTATION AND PATIENT INVOLVEMENT

PAT 1 Commitment to communication with patients / users and understanding of their needs and priorities, and the structures and accountabilities to lead this  
5.63

PAT 2 Mechanisms to involve patients, or their representative organisations, in the planning and monitoring of services, such as public participation groups; lay / citizen representation on Board and CG committees; public consultation exercises; use of validated instruments to find out users' views  
5.64

PAT 3 Co-ordination of the strategy and programmes for consultation and patient involvement and integration with the wider quality improvement programme  
5.65

PAT 4 Training in patient (customer) care, communication skills, confidentiality issues  
5.66

PAT 5 Training for staff in complaints handling  
5.67

PAT 6 Processes to involve patients in the planning and delivery of their care, including consent to treatment and agreement not to resuscitate  
5.68

PAT 7 Availability of information for patients (and carers) about treatments, services and facilities  
5.69

PAT 8 Processes for patients and carers to voice concerns, issues and compliments about services  
5.70

PAT 9 Processes for dealing with informal and formal complaints from patients and carers and action taken to prevent their recurrence  
5.71

PAT 10 Arrangements to find out about, and meet, patients' needs – cultural, spiritual, disability, dietary needs  
5.72

PAT 11 Arrangements to ensure patients' rights to privacy, dignity and confidentiality about themselves and their treatment  
5.73

## 5.7 USE OF INFORMATION TO SUPPORT CLINICAL GOVERNANCE AND HEALTH CARE DELIVERY

PI 1 Responsibility and accountability for the development and use of information about patients' experience

5.74

PI 2 Scope of available information about patients' experience

5.75

PI 3 Priority given to IM&T in strategic plans for clinical governance and to the needs of clinical governance in strategic plans for IM&T

5.76

PI 4 Involvement of partner organisations in the development, collection and use of information about the experience of patients whose care is provided by a number of organisations

5.77

PI 41 Communication of information about individual patients between GPs and hospital staff

5.78

PI 5 Access to information, eg through the IT infrastructure; health care records

5.79

PI 51 Communication of information about individual patients within teams and between teams

5.80

PI 6 Use of information to inform service strategies and plans; to support performance review and improvement; and to inform clinical governance activities

5.81

PI 7 Access for staff to training, and support in access to and use of information

5.82

PI 8 Systems for assuring data quality

5.83

PI 9 Compliance with information requirements of the NHS, eg national patient surveys, Patient's Charter, HES, Common Information Core, NSFs

5.84

PI 10 Compliance with requirements to keep patient information confidential

5.85