

EVIDENCE SUMMARY

Rachel Gibson

BASICS

DOCUMENTS

Document Number	Title
1.3	PHCT Trust Corporate Policies – Guidance for Staff
1.4.01	PHCT Complaints leaflet for patients
1.5	Fareham & Gosport Locality Division & Community Hospitals organisational structure [undated]
1.6	GWMH – services provided and ward details [undated]
1.7	GWMH from 1923 to 1995 (information leaflet)
1.8	PHCT Information leaflet about GWMH [undated]
2.5	The NHS Plan – Executive Summary and ‘Dignity, Security and Independence in Old Age’ (1997)
2.1	British Geriatrics Society Compendium Document D1 (1997) ‘Seamless Care – Obstacles and Solutions’
2.2	British Geriatrics Society Compendium Document A4 (1997) ‘Rehabilitation of Older People’
2.9	Report by Nursing and Midwifery Committee – ‘Caring for Older People: A Nursing Priority’ (March, 2001)
2.7	Medicines & Older People – implementing medicines-related aspects of the NSF for Older People (DoH) [undated]
2.3	MeReC Bulletin – Prescribing for the older person (April 2001)
1.4	PHCT Policy – handling patient related complaints
A.1.2.1	PHCT Annual Plan 2001-2002
A.1.2.2	Community Hospital Service Plan 2001/2002
A.1.2.3	Dryad Ward GWMH Away Day 22/01/2001
A.1.2.4	PHCT Business Plan 2000-2001
A.1.2.5	Community Hospitals GP Bed Service Plan 2000/2001
A.1.2.6	GWMH Key Goals 2000-2001
A.1.2.7	PHCT Business Plan 1999-2000
A.1.2.8	Team Objectives 1999/2000 - Sultan Ward
A.1.2.9	PHCT Business Plan 1998/99
A.1.2.10	GWMH Key Objectives 1998/99
A.1.2.11	Dryad Away Day 18/05/1998
A.1.2.12	PHCT Business Plan 1997/98
A.1.2.13	GWMH Key Objectives 1997/98
X.3.1	Wastage for qualified nurses – Daedalus, Dryad and Sultan ward
X.3.2	Sickness absence statistics – Daedalus, Dryad and Sultan ward
X.3.3.1	Training record for qualified nurses – Daedalus, Dryad and Sultan wards

X.3.3.2	Training programmes developed by PHCT with the local university
X.4.1	1994-2000 Staff survey results showing % who agree/disagree per question
X.4.2	Staff survey 2000 results by percentage
X.4.3	Staff survey 2000 results by number
X.5.1	GWMH Patient survey results
X.5.2	GWMH Patient survey results
X.5.3	GWMH Patient survey action plan
X.6	National Sentinel Survey of Stroke 1999 – information
X.7	Divisional Review Reports - comment

ABBREVIATIONS

Abbreviation	Description
GWMH	Gosport War Memorial Hospital
ASSM	Admin and Support Services Manager
PHCT	Portsmouth Healthcare NHS Trust
CGA	Comprehensive Geriatric Assessment
BGS	British Geriatric Society
PHNT	Portsmouth Hospitals NHS Trust
IRP	Independent Review Panel
DTI	Department of Trade and Industry
RoSPA	Royal Society for the Prevention of Accidents
HEA	Health Education Authority
OPD	???
CPA	Care Programme Approach
SALT	???
QAH	Queen Alexandra Hospital
SpR	Specialist Registrar
HCSW	Health Care Support Worker

WHO'S WHO

[Where it's not stated what exactly the job title is, it's not clear in the document]

Title	Name	Dates
Community Hospitals Service Manager	Mrs Barbara Robinson	? (1.8)
Fareham and Gosport Locality Division General Manager	Fiona Cameron	? (1.5)
Community Hospitals Service Manager	Jan Peach	? (1.5)
Health Centres Service Coordinator	Bob Pullen	? (1.5)
Children's Services Service Manager	Liz Ross	? (1.5)
District Nursing Service Manager	Liz Ross	? (1.5)
Podiatry Service Manager	Mike Townsend	? (1.5)
Physiotherapy Service Manager	Martin Cowdry	? (1.5)

Something in Health Promotion, in Community Enabling Service	Rosemary Salmond	? (1.5)
Occupational Therapy Clinical Lead	Liz Jenkins	? (1.5)
Premises GWMH & Redclyffe ASSM	Rosemary Paxton	? (1.5)
Premises St Christopher's, Sylvan, Summervale ASSM	Jeff Stanbridge	? (1.5)
Chaplaincy	James Hair	? (1.5)
OPD	Beverley Townsend	? (1.5)
OPD nursing	Gill Hindson	? (1.5)
GWMH Senior Nurse	Toni Scammell	? (1.5)
St Christopher's Senior Nurse	Sue Hutchings	? (1.5)
GWMH Dolphin	Sharon Boshier	? (1.5)
GWMH Sultan G grade nurse	Ann Haste	? (1.5) Was in post at 1998-2001, but don't know start date (X.3.3)
GWMH Dryad	Gill Hamblin	? (1.5) Was in post at 2000 and 2001 – don't know exact dates, or whether in post before that (X.3.3)
GWMH Daedalus G grade nurse	Phillip Beed	? (1.5) Was in post at 1998-2001, but don't know start date (X.3.3)
St Christopher's Rosewood	Yvonne Astridge	? (1.5)
St Christopher's Shannon	Alison Grant	? (1.5)
St Christopher's Briarwood	Teresa Dunne	? (1.5)
Don't know – provides on-call service on Daedalus ward	Dr A. Knapman	? (G.4.2)

1 TRUST CONTEXT

1.1 GMWH

GWMH falls within Portsmouth Healthcare NHS Trust (PHCT). Outpatient services are provided at the hospital to PHCT and Portsmouth Hospitals Trust (PHNT) patients, who are admitted via the Elderly Medicine Consultant, or from Elderly Acute Medicine to Daedalus or Dryad Ward. Services are also provided on Sultan Ward to patients of GPs within a distinct geographical area defined by the boundaries of the future Fareham and Gosport PCT. (1.6, X.2.1)

GWMH is allied to the Departments of Elderly Medicine at Queen Alexandra Hospital and St Mary's Hospital, which provide acute care, stroke care, continuing care, rehabilitation, and have day hospitals and outpatients departments. (X.2.1)

Services provided at GWMH include:

- o GP beds
- o Elderly Medicine
- o Elderly Mental Health w/ assessment/rehabilitation and continuing care
- o Physiotherapy dept.
- o Day hospitals:
 - For older people with physical problems
 - For older people with mental health problems
- o Full range of outpatient services, most of which relate to Portsmouth Hospitals NHS Trust (PHNT)
- o Occupational Therapy
- o Podiatry
- o Speech & Language Therapy
- o Community Dental services (1.6)

Wards at GWMH:

Ward Name	Ward Type	No. of beds	Medical Staff
Daedalus	Geriatric Rehabilitation	24	Consultant: Dr Lord Staff Grade: Dr Yikona
Dryad	Elderly Medicine, Continuing Care	20	Consultant: Dr Ravindrane Staff Grade: Dr Yikona
Dolphin Day	Elderly Medicine	15	Consultants: Dr Lord & Dr Ravindrane Staff Grade: Dr Yikona Clinical Assistants: Dr Ross, Dr Anadan, Dr Rogers
Sultan	GP beds	24	All GPs on Gosport bed fund
Mulberry	Elderly mental health assessment	27 – functional illness	Consultant: Dr V. Banks

		13 – organic illness	Staff grade: M. Scott Brown Specialist Registrar: Jill Emerson SHO: Vivek Parmer
Phoenix Day	Elderly Mental Health	13	Consultant: Dr V. Banks [says “other doctors as above” – don’t know which doctors this refers to – assume those on Mulberry Ward?]

(1.6)

History of GWMH:

- Hospital opened 19/04/1923, there were no doctors on hospital staff when it opened, instead GPs continued care of own patients after admission [no evidence from this document as to whether this is still the arrangement with regard to GP beds]
- 1932: extension opened, Out Patient dept. provided, various wards enlarged, X-ray dept. modernised, heating & water systems re-modelled
- 1948: GWMH handed over to NHS
- 1963: Out Patient & A&E depts opened
- 1966: new depts for Physical Medicine & X-Ray
- 1960’s: Redclyffe annexe donated to hospital
- Early 80’s: hospital faced serious threat of closure, but League of Friends, hospital staff & residents of Gosport fought closure and hospital was saved
- 1991: commencement of £10.5 million, two-phase development including:
 - New wards and Day Hospitals for the elderly
 - Transfer of Maternity services from Blake Maternity Home to new Maternity Ward
 - Several original parts of the building demolished and replaced, others re-vamped and modernised

Result: building containing technology and facilities to be expected of Community Hospital ready for 21st century (1.7, p2-3)

Future intention (as at 1995) was for “Gosport War Memorial Hospital to remain THE Hospital for the Community of Gosport” (1.7, p3)

Gosport Health centre is attached to GWMH, but is a separate department, and enquiries about the centre should be directed to it rather than GWMH (1.8, p2)

Inpatient services at GWMH:

- Dryad Ward
 - Continuing Care Ward for frail elderly patients
 - Patients cared for by Consultants from Department of Elderly Medicine and Clinical Assistants
 - Admissions arranged following referral by patients’ GPs or Consultants from Elderly Medicine, often following admission to Acute Assessment Wards in Portsmouth Hospitals
 - Ward sited within the new building

- o Mulberry Ward
 - Assessment Ward for Elderly Mental Health clients from Gosport and Fareham
 - Patients cared for by Consultants from Elderly Mental Health Service
 - Admissions arranged by GP or Community Nurses referral to Consultants
- o Sultan Ward
 - Provides accommodation for Gosport patients under the care of their own GPs
 - Admissions arranged by GPs directly with Ward Staff
- o Blake Ward
 - Maternity Ward providing modern facilities
 - Admissions arranged with Midwives and Midwifery Services
- o Daedalus Ward
 - Provides accommodation for Continuing Care and Slow Stream Stroke Rehabilitation for elderly frail patients
 - Patients cared for by Consultants from Department of Elderly Medicine
 - Admission arranged by Consultants, by GP or Consultant referral
- o Redclyffe House
 - Provides Continuing Care accommodation for Elderly Mental Health clients
 - Patients cared for by Consultants of Elderly Mental Health Service
 - Admission arranged by Consultants of Elderly Mental Health Service (1.8, p2-3)

A PHCT memorandum with guidelines for admission to Daedalus Ward (04/10/2000) has been supplied. Daedalus Ward at GWMH has, from 01/11/00, admitted patients for fast and slow stream stroke rehabilitation as well as general rehabilitation. Continuing Care patients are to be admitted to Dryad Ward. The aim of the ward is stated as being to “provide inpatient interdisciplinary rehabilitation for older people in Gosport with a view to optimising function and maintaining independence”. The ward’s patients are those over 65 years old, suffering from a stroke or other condition requiring inpatient rehabilitation. The ward’s catchment is those patients who belong to Gosport PCG. There are eight fast stream stroke, eight slow stream stroke, and eight general rehabilitation beds on the ward. Transfers to the ward are actioned from QAH. Dr A Knapman and partners operate an on-call service between 5pm and 9pm Monday to Thursday and between 5pm on Friday and 9am on Monday. (G.4.2)

Sultan ward has 24 beds for patients whose care is managed by their own GP. A Sister manages the ward. Support staff on the ward are Health Care Support Workers (HCSWs), a Ward Clerk, and Domestic staff. (G.1.1)

Criteria for patients admitted to Dryad and Daedalus wards are:

- o Patients must be over 65
- o Patients must be registered with GPs within Gosport PCG

AND: for Dryad:

- o Patient must have a Barthel score of under 4/20
- o Patient must require specialist medical and nursing intervention

For Daedalus:

- o Patient must require multidisciplinary rehabilitation for strokes or other conditions (G.4.2, p4)

Day Hospitals at GWMH:

- Phoenix Day Hospital
 - For Elderly Mental Health clients
 - Admissions arranged by Consultants or Community Psychiatric Nurses
- Dolphin Day Hospital
 - Provides multi-disciplinary service to elderly patients
 - Referrals are via Consultants of Department of Elderly Medicine (1.8, p3)
- Outpatient services at GWMH:
 - Outpatient Departments:
 - Can accommodate up to 9 separate clinics at one time, where Consultant & Specialist clinics are held
 - There is a wide range of clinics at GWMH, most of which are permanent. Others are arranged on demand
 - Referrals to outpatient clinics at GWMH are accepted from GPs and other outpatient clinics elsewhere
 - Blood Taking Clinics
 - Specimens
 - Imaging Department
 - X-Ray and Ultra scans offered on appointment basis
 - Referrals from GP and Consultant Clinics (1.8, p3)

Rehabilitation Department at GWMH:

- Physiotherapy and Occupational Therapy
 - Provide treatment to Outpatients on appointment basis
 - Referrals from GPs and Outpatient Clinics
 - Provide services to Inpatients and on Domiciliary basis
- Speech Therapy
 - Have Clinics on sessional basis
 - Referrals from Doctors, Nurses and other Therapists (1.8, p2)

Administration at GWMH:

- Hospital administration is provided from General Office
- The Community Hospital Service Manager is Mrs Barbara Robinson [NB Jan Peach is described as the Community Hospital Service Manager in 1.5] (1.8, p2)

1.2 FAREHAM AND GOSPORT LOCALITY DIVISION

The Fareham & Gosport Locality Division is made up of:

- Community Hospitals
- Health Centres
- Children's Services
- District Nursing
- Podiatry
- Physiotherapy
- Community Enabling Service
- Health Promotion
- Occupational Therapy (1.5)

Community Hospitals division of Fareham & Gosport Locality Division is made up of:

- Premises
- Chaplaincy
- OPD [?]
- Nursing (1.5)

1.3 PCT'S, & ESTABLISHMENT OF FAREHAM AND GOSPORT PCT

PCTs are in place in Portsmouth and East Hampshire. Fareham and Gosport PCT is to be in place by April 2002. Transition of services provided from PHCT to local PCTs is ongoing, and is occurring in two phases. Phase one is to be in place from April 2001, and services provided will be as follows:

- Each PCT provides:
 - District Nursing
 - Health Visiting
 - School Nursing
 - Health promotion
 - Community hospitals and health centres
 - Child and adolescent mental health
 - Physiotherapy
 - Occupational therapy
 - Community rehabilitation
 - Podiatry

NB – these are currently being provided by PHCT for the area to be served by Fareham and Gosport PCT from April 2002
- Portsmouth City PCT provides (for whole area):
 - Community home loans
 - Speech and language therapy
 - Services for gay men
 - Services for sick children
- East Hampshire PCT provides (for whole area):
 - Community dental

Phase two of the process was under review by the Health Authority, with final decisions expected in June 2001. This review will determine appropriate future provision for:

- Elderly medicine
- Community paediatrics & services for children with special needs
- Mental health (adult and elderly)
- Substance misuse
- Learning disability
- Palliative care
- Family planning
- Psychology and counselling (A.1.2.1, p5, p14)

1.4 COMMUNITY HOSPITALS

There are four community hospitals within PHCT, at Gosport, Havant, Emsworth, and Petersfield. GP beds and Outpatient services are located within all of these hospitals, minor injury units in all except Gosport. (A.1.2.2, p1)

GP beds and minor injury units are GP led, serving a distinct geographical area. Outpatient services are provided on behalf of PHCT and PHNT. (A.1.2.2, p1)

2 MANAGEMENT OF HEALTHCARE

2.1 TRUST STRATEGIC MANAGEMENT

2.1.1 Leadership

A 2000 PHCT Staff Survey found that, when asked whether they had confidence in the Trust Board's ability to manage the Trust, 32.8% of respondents replied 'yes', 10.1% replied 'no', and 57.1% were 'not sure'. (X.4.1, p6)

2.1.2 Accountabilities and Structures

2.1.3 Strategic Direction and Planning

PHCT participates in the development, management, and provision of various ongoing intermediate care schemes, including an ongoing initiative in 2000/01 to increase the number of "step down" beds at GWMH. (A.1.2.1, p15)

Tackling the recommendations made by the NSF for Older People has been decided upon as a priority for PHCT in 2001-02. (A.1.2.1, p15)

2.1.4 Health Economy Partnerships

2.1.5 Patient and Public Partnerships

2.2 SERVICE STRATEGIC MANAGEMENT

2.2.1 Leadership

The General Manager of the Fareham & Gosport Locality Division is Fiona Cameron. (1.5)

The Fareham and Gosport Community Hospitals Service Manager is Jan Peach, who is responsible for all staff (clinical and non-clinical) at GWMH, St Christopher's, and Sylvan (1.5)
[NB Community Hospitals Service Manager is given as Mrs Barbara Robinson in 1.8.
Documents are not dated so don't know which is more recent]

The Health Centres Service Co-ordinator is **Code A** who is responsible for:

Health Centres:

Fareham

Lee-on-Solent

Rowner

Portchester

Gosport

Western Wards Community Health Office [???] (1.5)

The Physiotherapy Service Manager is **Code A** who is responsible for:

Hill Park

GWMH

St Christopher's (1.5)

The Clinical Lead for Occupational Therapy is **Code A** (1.5)

Code A is the ASSM responsible for Premises at GWMH and Redclyffe House (1.5)

Code A is the ASSM responsible for Premises at St Christopher's, Sylvan, and Summervale (1.5)

Code A is responsible for OPD [Out Patients Department?] at GWMH and Sylvan (1.5)

2.2.2 Accountabilities and Structures

The Community Enabling Service and the Health Promotion department are allied to the Occupational Therapy department (1.5) [not sure how, exactly]

2.2.3 Strategic Direction and Planning

2.3 CLINICAL GOVERNANCE

2.3.1 Clinical Governance Strategy

Away days for senior community hospital staff and Health Care Support Workers (HCSWs) have been held in 2000/01, in order to raise awareness of Clinical Governance and generate Clinical Governance action plans. (A.1.2.2, p2)

Sub groups are in place for pursual of near misses. Incident reporting now comprises near misses. COSHH assessments have taken place at the community hospitals. (A.1.2.2, p2)

Locally sensitive clinical governance performance indicators are to be developed within the community hospitals in 2001/02. (A.1.2.2, p4)

PHCT has developed a clinical governance programme. There is a clinical governance group in place within each clinical service. Baseline assessments have been carried out in each specialty. An action plan in response to the baseline assessment has been produced. (A.1.2.4, p4, p5)

2.3.2 Trust Organisational Responsibilities for Clinical Governance

There is a Clinical Governance Panel at PHCT, which is a sub-panel of the Trust Board. (A.1.2.4, p5)

2.3.3 Ward Clinical Governance Arrangements

2.3.4 HA Role as moves to PCT

There are district-wide, HA-led Clinical Governance and Effectiveness committees, into which PHCT feeds input. (A.1.2.4, p12)

3 QUALITY OF PATIENT CARE

3.1 QUALITY INDICATORS

3.1.1 Staff Attitude

Staff attitude was raised as a concern by patients in the October 2001 Patient Survey at GWMH, particularly in relation to nurses. Patients commented that they overheard conversations between them about the nurses' private lives, and one patient felt that the nurses "do not speak to me very kindly". Consequently, the hospital planned for awareness of the issue to be raised at the Clinical Manager's meeting by November 2001, information to be cascaded by the Clinical Manager to Ward Teams through the Ward Meeting by the end of November 2001. The ward team were then to take action to identify inappropriate behaviour and take remedial action. These actions are to be evaluated through future patient surveys. (G.2.1, p2, p6)

3.1.2 Effectiveness and Outcomes

The 1999 National Sentinel Audit of Stroke showed that PHCT scored well above the mean national values recorded for trusts for process of care and organisation. (X.6, p2) [this is at trust level, so I haven't gone into detail]

3.1.3 Access to Services

3.1.4 Organisation of Care

A PHCT memorandum with guidelines for admission to Daedalus Ward (04/10/2000) has been supplied. The aim of the ward is stated as being to "provide inpatient interdisciplinary rehabilitation for older people in Gosport with a view to optimising function and maintaining independence. (G.4.2)

3.1.5 Humanity of Care

The October 2001 and July 2001 Patient Surveys at GWMH showed a disparity in patient views about catering services at the hospital. Although some commented that meals were "very good", or "splendid", others found the food "dry and stodgy", in need of variety, and criticised the lack of choice. In response to this, the hospital planned ongoing action for the Catering Supervisor to undertake monthly monitoring of patient satisfaction of food by ward. The Support Services Manager was to undertake ongoing monthly monitoring of food and refrigerator temperatures. (G.2.1, p4)

The July 2001 Patient Survey at GWMH showed patients felt beverage rounds to be too infrequent. To tackle this, action was to be taken to establish a 24-hour beverage system by April 2002. (G.2.1, p2, p4)

GWMH has a hospital shop operated by Volunteers of the WRVS (1.8, p2)

GWMH has a chapel for private use of clients & visitors. There is also a hospital chaplain (1.8, p2)

3.1.6 Environment

Concerns about environment raised in the October 2001 and July 2001 Patient Surveys at GWMH were:

- “Smelly pillows”
- Restrictions on smoking
- Ward temperature sometimes too high
- Noise from machinery above
- “The Air Bed” (G.2.1, pp2-3)

The October 2001 and July 2001 Patient Surveys at GWMH showed praise from patients for:

- Chairs and furnishings
- Equipment in the bathroom
- Cleanliness (G.2.1, pp2-3)

Concerns were raised in the October 2001 GWMH patient survey about “smelly pillows”. The hospital consequently planned for Rosemary Paxton to identify the source of the problem and take remedial action, by November 2001. (G.2.1, p5)

The results of the October 2001 GWMH patient survey included concern that the ward was too hot. Consequently, the hospital included in its Patient Survey Action Plan plans to place thermometers strategically around the ward by December 2001, to monitor and record the am/pm temperature of the wards following the purchase of these thermometers, and to disseminate these results to the Estates Manager by May 2002. (G.2.1, p2, p5)

3.2 STAFFING AND ACCOUNTABILITY

3.2.1 Workforce and Service Planning

Concerns that staffing levels were too low were raised in the July 2001 and October 2001 patient surveys at GWMH. An action plan to address concerns included the following commitments:

- To undertake skill mix reviews in Dryad, Daedalus and Sultan wards by December 2001
- To undertake proactive management of duty rotas (on an ongoing basis)
- To establish baseline staffing levels necessary for safe patient management by the end of November 2001
- To initiate an ongoing protocol for a Senior Nurse or blepholder to be contacted in the event of staffing levels falling below the safe working establishment, and for a Risk Event Form to be completed in the event of staffing levels remaining below this level
- To undertake quarterly analysis of data collected from the Clinical Effectiveness Department (G.2.1, p4)

PHCT has pledge status for Improving Working Lives. (A.1.2.1, p12)

3.2.2 Medical Staffing & Accountability

Fareham and Gosport Community Hospitals Service Manager is Jan Peach, who is responsible for all staff (clinical and non-clinical) at GWMH, St Christopher’s, and Sylvan (1.5) [NB Community Hospitals Service Manager is given as Mrs Barbara Robinson in 1.8. Documents are not dated so don’t know which is more recent]

3.2.3 Nursing Staffing and Accountability

No wte qualified nurses left PHCT from Daedalus ward between 01/10/00 and 30/09/01. 3.2 wte (28%) of qualified nurses on Dryad ward left the Trust between 01/10/00 and 30/09/01. 1.8 wte (15.5%) of qualified nurses on Sultan ward left the trust between 01/10/00 and 30/09/01. (X.2.1)

Sickness absence statistics were provided for Daedalus, Dryad and Sultan wards for 2000/01:

	% Absence by ward		
	Daedalus	Dryad	Sultan
Oct-Dec 00	8.1	8.3	8.1
Jan-Mar 01	5.0	8.9	11.2
Apr-Jun 01	7.1	10.3	14.1
Jul-Sep 01	12.6	6.8	16.0
Average for year	8.2	8.6	12.4

(X.3.2)

Children's Services Service Manager, and District Nursing Service Manager (a dual role) is Liz Ross, who is responsible for:

- Health Visiting
- District Nursing
- Night Nursing
- School Nursing (1.5)

The Senior Nurse at GWMH is Toni Scammell. The most senior nurses by ward are:

- Dolphin - Sharon Boshier [grade not given]
- Sultan - Ann Haste (G grade)
- Dryad - Gill Hamblin (G grade)
- Daedalus - Phillip Beed (G grade) (1.5, X.3.3)

Gill Hindson is responsible for OPD [Out Patients Department?] Nursing [doesn't say in which capacity] (1.5)

3.2.4 AHP Staffing and Accountability

Children's Services Service Manager, and District Nursing Service Manager (a dual role) is Liz Ross, who is responsible for Child & Family Therapy (1.5)

3.2.5 Other Staffing and Accountability arrangements

Fareham and Gosport Community Hospitals Service Manager (Jan Peach) is responsible for non-clinical staff at Redclyffe and Summervale (1.5)

3.2.6 Out of Hours Arrangements

A GWMH key objective for 1997/98 was to enable E grade nurses to be in charge at night if necessary. E grade nurses therefore received training and an ongoing commitment was made to support them in 'acting-up'. (A.1.2.13, p4)

3.2.7 Team working

PHCT's Training on Demand – Working in Partnership document has been provided. This is a guide for trainers in how to provide the Working in Partnership training session. The session is aimed at all staff providing direct care to elderly patients, and aims to increase awareness of partnership working and enhance the quality of such working. The session is to enable participants to state the qualities/skills necessary to facilitate effective partnerships, to prepare a Charter for effective partnerships, and to identify and be able to deal with issues preventing them from implementing this Charter. The course is designed to focus on the underpinning principles of partnership working, and therefore does not have great emphasis on day-to-day working. There is no evidence of uptake for this course. (G.3.2, p2)

3.2.8 Recruitment and Retention

The PHCT Annual Plan for 2001/02 states that, despite staffing pressures, staffing levels across all services provided by PHCT have remained acceptable. 29 Filipino nurses were trained and started work in 2000 in the trust's Department of Elderly Medicine, with more to arrive in March 2001. However, in contrast, the Community Hospitals Service Plan notes that the increased requirements of the intermediate care agenda meant that Gosport, Havant, Emsworth, and Petersfield Community Hospitals all failed to recruit to the required establishment of staff in 2000/01. (A.1.2.1, p12, p14, A.1.2.2, p2)

There were difficulties in recruiting staff to the Department of Elderly Medicine throughout 1999-2000, due to a national shortage of trained staff. One ward at PHCT [doesn't say which] had to be closed during the winter due to staff shortage. (A.1.2.4, p3)

Recruitment into Community Hospitals and GP Bed environments is a problem throughout PHCT, but the problem is particularly acute in Fareham and Gosport. (A.1.2.4, p17)

There were 9.3 wte vacancies in Fareham & Gosport Community Hospitals in 1999/2000. An Open Day was planned in March 2000 in response to recruitment difficulties. (A.1.2.5, p2)

3.2.9 Schemes of Delegation

3.3 GUIDELINES, PRACTICES & PERFORMANCE MANAGEMENT

3.3.1 Patient Transfer

A Nursing Transfer Letter is to accompany the patient when care is transferred, containing the following information:

- o Name
- o Address, postcode, telephone number
- o Date of birth
- o Name of GP
- o Next of kin & telephone number

- o Diagnosis
- o Information given to patient/carer/relative re. diagnosis/prognosis, understanding of condition
- o Required treatment/intervention
- o Named nurse contact number
- o Social Worker contact number
- o Summary of care/treatment in hospital
- o Date of discharge
- o Other services involved
- o Waterlow/Barthel score if appropriate (G.4.1, p13)

3.3.2 DNR

3.3.3 Palliative Care

Two qualified nurses on Sultan ward have had pain management training (in 1999). No qualified nurses on Daedalus or Dryad Wards have had this training. (X.3.3)

3.3.4 Nutrition and Fluids

3.3.5 Patient Records

3.3.6 Trust Performance Management Arrangements

3.3.7 Service Performance Management arrangements

Performance within divisions at PHCT is measured quarterly by the Divisional Review process. (X.7)

3.3.8 Staff performance Management arrangements

One of GWMH's key objectives for 1997/98 was to establish a system of annual appraisals for all staff. This was to be audited in January 1998. (A.1.2.13, p1)

3.4 MEDICINES

3.4.1 Prescribing

3.4.2 Administering

Two qualified nurses on Sultan Ward took part in a Syringe Driver training course in 1999. Five qualified nurses on the ward have taken part in a Drug Competencies course, one in 2001, and four in 2000. No qualified nurses from either Dryad or Daedalus Wards have taken part in either course between 1998 and 2001. (X.3.3)

3.4.3 Drug Review

3.4.4 Drug Recording

3.5 COMMUNICATION AND COLLABORATION

3.5.1 Patients

A selection of information leaflets were supplied to us. These were:

- 'Catering Services', which outlines PCHT's provision of meals for patients

- 'Gosport War Memorial Hospital: from 1923 to 1995', a leaflet outlining the history of the hospital.
- 'Gosport War Memorial Hospital: its past, its present and its future as the hospital for Gosport community', notes to accompany and commemorate the completion of GWMH 03/10/1995
- Welcome leaflet for Sultan Ward, detailing Ward layout, staff, meal provision and other services available on the Ward
- 'MRSA: the facts', information on methicillin resistant staphylococcus aureus (MRSA) for patients
- 'Consent – what you have a right to expect' – DoH guide to consent procedures for relatives and carers
- Information leaflet on the Disability Information Centre
- Information leaflet on Gosport Shopmobility
- Information leaflet on Gosport Gardens Scheme – scheme to help with gardening for those who are disabled or elderly
- Flyer for the Disability Information Centre
- 'Avoiding slips, trips and broken hips' – DTI/HEA Information leaflet for older people with advice on how to avoid falls at home
- 'Step up to safety' – DTI/Our Healthier Nation leaflet providing advice for older people on how to use stairs safely
- 'Fight the Flu' – Help the Aged leaflet providing advice on influenza
- 'Falls: how to avoid them and how to cope' – RoSPA/Age Concern guide for older people and carers

No information was supplied as evidence of dissemination of these leaflets amongst GWMH or PHCT patients. (G.1.1)

A GWMH Patient Survey form was provided. This asked for patient opinions on what they liked least, what they liked most, and how their stay could have been improved. A Patient Survey action plan was also provided, which showed actions planned to deal with concerns raised in Patient Surveys held in July and October 2001. (G.2.1, pp4-6)

PHCT provide receptionist training and telephone behaviour training as part of their programme of training events 2001-2002. (G.3.1)

PHCT produce a leaflet providing information on catering services within the trust, which includes a form for patients to use to give feedback – suggestions for improvement, compliments, and criticisms - on catering services that they have experienced. Patients can choose to receive a written reply to their comments. (G.1.1)

3.5.2 Relatives and Carers

3.5.3 Primary Care

3.5.4 Acute Sector

3.5.5 With Health Authority

3.5.6 With Haslar Hospital

3.5.7 With Social Services

In a 2000 PHCT staff survey, 73% of respondents stated that they found it easy to work/communicate with Social Services. (X.4.1)

3.5.8 With Local Nursing Homes

3.6 END OF LIFE

3.6.1 Arrangements for Patients

3.6.2 Arrangements for relative/cares

No qualified nurses from Sultan, Dryad or Daedalus wards took part in 'Loss, death and bereavement' training from 1998-2001. (X.3.3)

3.6.3 Arrangements to Support Staff

No qualified nurses from Sultan, Dryad or Daedalus wards took part in 'Loss, death and bereavement' training from 1998-2001. (X.3.3)

3.6.4 Cultural, Spiritual needs

3.7 SUPERVISION AND TRAINING

3.7.1 Medical Supervision and Training

[see 3.7.2 for evidence of Working in Partnership training]

3.7.2 Nursing Supervision and Training

PHCT's Training on Demand – Working in Partnership document has been provided. This is a guide for trainers in how to provide the Working in Partnership training session. The session is aimed at all staff who provide direct care to elderly patients. The session aims to increase awareness of partnership working and enhance the quality of such working. The session is to enable participants to state the qualities/skills necessary to facilitate effective partnerships, to prepare a Charter for effective partnerships, and to identify and be able to deal with issues preventing them from implementing this Charter. The course is designed to focus on the underpinning principles of partnership working, and therefore does not have great emphasis on day-to-day working. (G.3.2, p2)

Training records for qualified nurses on Daedalus, Dryad and Sultan wards (and HCSWs on Sultan ward) during 1998-2001 were provided. (X.3.3.1) [These are massive spreadsheets, so I haven't listed courses and uptake as it would take ages. I can do later if it transpires

that it is important. Where course is relevant to a ToR, I've put it in that section. This also contains a list of all nursing staff on the wards, which may be relevant.]

An older person's nursing development programme was launched in 2000-01, jointly by PHCT and the Royal College of Nursing. The course is intended for trained nurses working with older people, and the aim of the course is to promote training in leadership, management and clinical issues. (A.1.2.1, p4)

[no evidence as to whether this is the same as:]

The Gerontological Nurse Development Programme is a tailor-made training and development programme for senior qualified nursing staff. It is to be progressed jointly by 'H&P' [assume 'H&P community hospitals', which is to become part of E. Hampshire PCT at 01/04/01], and Fareham and Gosport PCT (when it is established). The spreadsheet showing uptake of training courses by qualified nurses shows that, of staff on Daedalus, Dryad and Sultan wards, one qualified nurse (Daedalus, 2001) took part in a 'gerontological programme'. (A.1.2.1, p15, X.3.3.3)

Nurses were to be identified for clinical leadership training at community hospitals and GP bed settings in PHCT in 2000/01. (A.1.2.4, p17)

Progress in training and development for qualified nursing staff in elderly medicine is listed as an area of significant achievement for PHCT in 2000-01. (A.1.2.1, p15) In 1999-2000, a clinical nurse development programme was consolidated at the trust, which aims to use research findings to identify areas of practice contributing to effective care and to use these as the basis for a programme of nurse development. (A.1.2.4, p4)

ENB Courses in diabetes, incontinence, care of the elderly, care of the dying, and palliative care are available at the hospital. No qualified nurses on Daedalus or Dryad wards took part in these from 1998-2001. Of qualified nurses on Sultan ward, one took part in the diabetes course (1999), one took part in palliative care (1999), one took part in the incontinence course (1999), and one took part in the care of the elderly course (1998). (X.3.3.3)

3.7.3 AHP Supervision and Training

[see 3.7.2 for evidence of Working in Partnership training]

3.7.4 Other Staff Supervision and Training

A programme of training events 2001-2002 has been provided by PHCT, which includes:

- Receptionist Training Programme
 - For all staff with receptionist duties
 - To allow staff to acquire knowledge about the trust, its operations, the requirements of the receptionist role
- Telephone Behaviour
 - For those who deal with clients, members of the public, or suppliers on the telephone
 - To allow staff to identify bad telephone behaviour, to apply principles of good telephone behaviour, to manage messages, to improve ability to use the telephone effectively (G.3.1)

PHCT has developed various courses with the local university [Portsmouth?] in response to staff development needs. These are:

- o Clinical Governance PGC
- o Research and Development PGC
- o Clinical Leadership Programme
- o Gerontological Nursing Programme
- o Gerontological MSc
- o Professional Doctorate
- o Stroke Nurse Consultant Post (X.3.3.2)

GP Bed and Community Hospital wards in PHCT use 'Training on demand' packs. (A.1.2.4, p17)

3.7.5 Induction

3.7.6 Mandatory Training

4 HOW LESSONS HAVE BEEN LEARNED

4.1 COMPLAINTS

4.1.1 Trust Management of Complaints

The trust has a policy for handling patient related complaints produced in January 1997. The policy is based on the NHS Executive document 'Complaints: Guidance on the Implementation of the NHS Complaints Procedure' (published in 1996), and mirrors the NHS Executive's 1996 complaints handling procedure, having two parts. These are local resolution, and independent review. A number of steps are to be taken at the local level; once these have been taken a complaint can progress to independent review if the complainant remains unsatisfied. The trust's policy incorporates complainants' suggestions made in a 1995 review of the process. (1.4, pp1-2)

A database was introduced in 1999 to assist keep record of and track trends in patient complaints. An investigations officer was also appointed, resulting in improved fact finding behind complaints. (A.1.2.4, p5)

The trust's aim is to have a system which:

- Is accessible to users (well publicised, user friendly)
- Ensures that complaints are dealt with at the point at which they arise wherever possible
- Is fair to all (including staff) and impartial
- Provides a thorough, effective mechanism for dealing with grievances
- Is quick and efficient
- Ensures that lessons are learned from complaints and that action takes place to rectify any deficiencies (1.4, p1)

[there's a lot of detail here of complaints process which I haven't given]

All complaints received are to be reported as soon as possible to the Complaints Adviser, who registers and records them on the trust's database. A summary of complaints is produced within 20 days of the end of each quarter. This summary is considered part of the divisional review process. Action planned as a result of complaints, and confirmation of actions that have taken place, should be described in Divisional Review Report (1.4, p6)

Audit standards for complaints handling:

- 100% acknowledged within two working days
- 100% resolved within 20 working days
- At least 80% complainants satisfied with complaint handling
- Divisions receive reports on all complaints within one month of end of quarter
- 100% dealt with at appropriate level
- Action taken in all cases where appropriate to do so (1.4, p6)

Non-compliance with the trust's complaints policy is subject to disciplinary action, except in exceptional circumstances (1.4, p6)

The trust has supplied a leaflet ('Your Views Matter' (1.4.01)), which explains the procedure for complaint to patients. Patients are advised to make complaints within six months of the event, or of their realising that they have a subject for complaint if that is within twelve months of the event. Patients are encouraged to make direct verbal comments to staff if it is possible. If it is not, they are advised either to speak to the head of the relevant department, or to write to the trust's Chief Executive, whose address is given. The Health Authority Complaints Team's telephone number is also given as a contact point for further guidance. (1.4.01)

The trust advises patients that acknowledgement will be sent within two days of receipt of a formal written complaint, and that a full written response to the complaint will normally be sent within twenty working days. (1.4.01)

The trust's guidance leaflet for patients on how to make a complaint advises that complainants may seek Independent Review if matters are not resolved to their satisfaction. Any such request will be considered by a non-executive director, and if deemed appropriate by them, the complaint will be considered by a specially convened panel. If the Independent Review does not satisfactorily resolve the matter, patients are advised that they may contact the Health Ombudsman, whose address is given. (1.4.01)

4.1.2 Ward Management of Complaints

4.1.3 Trust Lessons learned

4.1.4 Ward Lessons learned

4.1.5 Complaints training

4.2 PATIENT SURVEY

4.2.1 GWMH Provision for Patient Surveys

Patient surveys were carried out at GWMH in July and October 2001. The patient survey form allows patients to state what they liked best, what they liked least, and what could be improved about their stay in hospital. (G.2.1)

4.2.2 GWMH Lessons learned

An action plan was drawn up in response to concerns raised in the July 2001 and October 2001 patient surveys. Actions were planned in the following areas:

- Staff levels
- Beverage rounds
- "Smelly pillows"
- Ward temperatures
- The catering service
- Staff attitude

These actions were all assigned lead staff, and were either set deadlines between November 2001 and May 2002, or identified as being ongoing. (G.2.1, 4-6)

5 SPECIFIC POLICIES

5.1 DEVELOPMENT OF TRUST POLICIES

Portsmouth Healthcare NHS Trust (PHCT) has a document entitled 'Trust Corporate Policies: Guidance for Staff' (1.3), in which arrangements for the management and development of trust policies are set out.

The trust's arrangements for policy development operate according to four principles, which are intended to ensure the process is simple. These are:

- Policy development is to be integrated with normal Clinical Governance and management arrangements
- There is to be adequate communication to staff of the reasons for policy development
- Policies are to be made available to those staff who need them
- Regular review and audit of policy implementation is to take place to ensure compliance (1.3, p2)

There is a central register of policies at PHCT, which is maintained by the Business Manager at the trust Central Office (1.3, p3)

[there's lots more detail here which I haven't gone into]

5.2 ADMISSION AND DISCHARGE POLICIES

The Admission and Discharge policy was provided. This is a Portsmouth and South East Hampshire district wide policy, which has been developed jointly by local health services with Social Services colleagues, and applies to all care groups within the district. It was produced in July 2000 by the Quality Partnership Panel. The policy is based on the Health Service Accreditation Standards for Discharge Care, and makes reference to the Patient's Charter, which requires that decisions about continuing care needs and arrangements to meet those needs be taken prior to discharge. There is a discharge plan checklist to ensure that guidelines are followed in the process of discharging patients. (G.4.1)

Requirements at the different stages of discharge planning are as follows:

- Pre-admission/admission:
 - Referral letters to include locally agreed referral information
 - Discharge planning in pre-admission clinics to commence through documentation of relevant information about the patient's social circumstances, provision of information about length of stay, mobility restrictions or environmental adaptations to patients and carers, and referral to social services in complex cases
 - Information on social circumstances to be shared between GPs, district nurses and care managers
 - Admission care assessment to highlight any need for referral to other services
 - Within two days of admission, contact is to be made with the relevant service where need for a high level of community support on discharge has been identified

- Community services have a responsibility for sharing information about patients for whom they are caring before their admission
- Within 24 hours of admission, the anticipated length of stay should be documented and shared with patient/carer (G.4.1, p4)
- Inpatient episode
 - The plan of discharge should be coordinated by the named nurse or key worker, who has responsibility for ensuring that all necessary actions/assessments take place
 - Social services will appoint a care manager in line with the local agreement if a need for a community care assessment is identified
 - Information on discharge planning and a discharge checklist should be included in all patients' care plans
 - Development of discharge plan should involve patients/carers/relatives, they should be informed at all stages
 - Referral to be made to relevant social work department where patient requires ongoing package of care
 - 48 hour notice should be given to the patient/carer/relative/service providing ongoing support of final planned date of discharge
 - Patient/carer/relative should have clear understanding of post discharge services to be provided
 - Information/consultation to be provided to patient/carer/relative on future self care/lifestyle, medication/treatment, transport arrangements, use of equipment
 - Carers/relatives should be involved in home visits where necessary
 - Training/consultation should be provided to patient/carer/relative where equipment/home adaptation necessary
 - Mentally ill patients should have CPA joint arrangement followed
 - In case of MRSA, C.DIF infection, infection control policy should be followed
 - In case of self discharge, GP should be informed asap, no later than 12 hours if concern for person's safety (G.4.1, pp5-6)
- Discharge from hospital
 - Discharge only to take place where responsible clinician has stated patient medically fit for discharge (in consultation with multidisciplinary team), all support services/equipment in place
 - Discharges not to take place after 5pm without agreement by patient/carer
 - If patient has complex support needs, not to be discharged at weekend/bank holidays without prior agreement from supporting services
 - Discharge checklist to be completed before discharge
 - Patient/carer/relative to receive information on:
 - Ongoing care arrangements
 - Out patient appointment
 - Further supplies of medication
 - Service visit to home
 - Who to contact in emergency
 - Anticipated time of transport
 - Package of care arranged
 - Written information to be supplied where appropriate
 - Provider spell discharge summary to be completed and sent to GP within 24 hours of discharge. Copy to be given to patient

- o Nursing transfer letter to be completed and sent with patient where they are transferred to another care environment
- o CPA documentation to be given to patient/relative/carer (G.4.1, pp6-7)

The PHCT Admissions and Discharge policy is monitored and audited by the Quality Partnerships Group. (G.4.1, p7)

Information that should be present in the referral letter:

- o Patient's name and marital status
- o Date of birth
- o Address, postcode, telephone number
- o NHS Number
- o Identifying reference (if patient has previously been seen at the hospital)
- o Outline of case history
- o Treatment to date
- o Indication of what GP expects by way of response from consultant
- o Suggested diagnosis or reason for referral
- o Indication of any special needs
- o Social factors which are a potential influence on inpatient care, discharge planning, management
- o All available information which affects patient's health which is likely to affect discharge needs/decisions (G.4.1, p9)

Hampshire County Council Social Services and South East Hampshire Health Commission produced a Joint Community Care Agreement in 1993. The agreement is still in effect. A Joint Policy for Hospital Discharge forms part of the policy, key standards and requirements of which are as follows:

- o Screening will take place for all patients to establish the necessity of referral to social services. Circumstances for referral are highlighted in the policy. Any referral requires patient consent except in cases where child welfare is an issue or where patients are not deemed capable of making this kind of decision. There are agreed forms to be used to make referrals.
- o An assessment, including a health needs assessment, will be made within 5 working days of the referral by a Hospital based Social Worker. Assessment should be organised so as not to delay discharge.
- o Arrangements at the time of discharge should be reviewed within 3 weeks of the patient's starting to use them
- o In the event of disputes, the local managers are to resolve these. In exceptional circumstances, they may be referred to the Deputy Director or the Social Services or Trust Chief Executive.
- o Ward level monitoring of discharge delays should occur. Delays are counted where they are in excess of 10 days. Internal reporting of the results of this monitoring should take place, and there is to be quarterly review by the Trust/Health Commission and Social Service (G.4.1, p10)

There is a PHCT discharge checklist. This must contain the following information:

- o Patient ID
- o Named Nurse
- o Planned date of discharge
- o Discharge destination
- o Referral to Occupational Therapy – needed or made
- o Referral to physiotherapy – needed or made

- o Referral to Social Services – needed or made
- o Referral to SALT [???
- o Referral to community nurse – needed or made
- o Transport arrangements – needed or made
- o Written/verbal advice to patient/carer/relatives on treatment/aftercare
- o Discharge date discussed/agreed with patient/carer/relative
- o Equipment needed/in situ
- o Aftercare arrangements needed or made
- o Aftercare arrangements in place
- o Clothes/keys etc. available
- o Nursing transfer form needed/completed
- o Spell discharge summary completed/copy given to patient
- o Medication TTOs dressings, medical products etc. prescribed/issued to patient/carer/relative
- o Patient/carer/relative knowledge/skills checked
- o Personal property returned
- o Medical certificate issued
- o Out Patient Dept appointment needed/made
- o Contact names/telephone numbers provided (G.4.1, p12)

A spell discharge summary is to be completed on discharge and should contain the following information:

- o Patients name
- o Date of birth
- o Address, postcode, telephone number
- o NHS Number
- o Hospital reference number
- o Consultant's name, specialty, ward
- o Date of admission/discharge
- o Discharge diagnosis; key investigations/findings; treatments
- o Medication details including all drug names, dosage, course length
- o Follow up plan
- o Whether elective/emergency admission
- o No abbreviations unless patient understands them
- o Contact person (G.4.1, p12)

5.3 GUIDELINES FOR ADMISSION TO DAEDALUS WARD

Guidelines for admission to Daedalus Ward were produced on 04/10/00 to be implemented on the Ward's beginning to admit fast and slow stream stroke patients as well as those for general rehabilitation. (G.4.2)

There are to be no direct admissions to the ward. Instead, patients are to be transferred to the ward following assessment by a Consultant, SpR or Staff Grade in Elderly Medicine. Admissions to the ward must take place in the morning, or before 4.30pm at the latest, and will be seen by Nursing and Medical Staff on the day of admission. Notes, Xrays and any other relevant documentation are to be sent with the patient on transfer, any information on special diets, enteral feeds, pressure sores, handling requirements or oxygen therapy is to be phoned through to the ward before transfer. (G.4.2, pp2-3)