

## Potential Issues for CHI Media Briefing

“IN CONFIDENCE”

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
<b>A Medical Staffing</b>			
<p>1. Why, when the police investigation into unlawful killing was begun in 1999, was there no consideration of disciplinary action against the two doctors? What was the rationale for this and is the documented? <b>Ian Reid/Max Millett</b></p>	<p>Examination of the notes did not reveal any evidence to support a charge of unlawful killing. Therefore no action was taken. There was no formal documentation of that decision.</p> <p><i>In the context of the pressures, clinical concerns and issues facing the Trust as a whole at that time, the Richards case did not register as a major one.</i></p> <p><i>It pre-dated the more rigorous risk event reporting/complaints handling/monitoring systems that were developed as part of Clinical Governance.</i></p> <p><i>It is easy with hindsight and with familiarity with current clinical governance pressures to see that the police telephone call should have triggered an internal Trust investigation at that time.</i></p>		<p><i>Complaints so. Monitored via service review + complaints Mgr.</i></p> <p><i>Policy addendum 40.1</i></p>
<p>2. What are the clinical accountability arrangements between the consultant and GP's</p>	<p>Patients on Dryad and Daedalus Ward remain the responsibility of the consultant(s) under whose</p>		

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<p>regarding the out of hour's service on Dryad and Daedalus? <b>Ian Reid</b></p>	<p>care they have been admitted to these wards. GPs are responsible for providing out of hours cover. There is always a consultant on-call to whom GPs can refer if they wish advice, etc. However, at all times the responsibility rests with consultants.</p>		<p>The same arrangements continue to apply today.</p>
<p>3. How are these arrangements monitored and supervised? <b>Ian Reid</b></p>	<p>The PCT has put into place regular meetings between a senior manager, consultants and the GP practice to review/monitor the policy of out of hours care. It is planned to <del>hold similar</del> <i>consider similar</i> meetings with Healthcal, the <i>arrangements</i> locum agency.</p>		
<p>4. What was the Medical Directors view of medical standards at the hospital in 1998/99 <b>Ian Reid</b></p>	<p>In 1998/99 the medical director's view was that standards of care were good.</p>		
<p>5. Which information would have triggered a referral by the Trust to the GMC? <b>Ian Reid</b></p>	<p>Evidence of a serious breach of/or concern in relation to the professional standards outlined in the GMC guidance to doctors – “Good Medical Practice” and “Maintaining Good Medical Practice”.</p>		

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<p><b>6. What action was taken by the Medical Director to investigate professional standards in the light of the allegation made in late 1998 and when the police reports were received in 2002?</b> <b>Ian Reid</b></p>	<p>In respect of the allegation in 1998 and having examined the case notes, I felt that the standards were in line with those pertaining in a community hospital and took no further action.</p> <p>At the end of the CHI visit in 2002, the investigating team intimated that they wished to review recent case records. The police reports were not received until February 2002. I felt that because of the media interest, an external independent review (as proposed by CHI) was the most appropriate way to investigate professional standards. However, it was also decided that an internal audit of prescribing should occur, although there were no indications from informal enquiries of any concerns about prescribing.</p>		
<p><b>7. Concern over how sustainable the Elderly Med lead consultant role is on 2 sessions a week. Need to review this.</b> <b>EHPCT (minor)</b></p>	<p>Associate lead consultants now appointed for each of the 3 PCTs.</p>		

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<p><b>8. Is more permanent medical cover needed at Gosport War Memorial Hospital both in normal hours and outside? How can the isolated staff grade at Gosport War Memorial Hospital be more effectively supported</b> <b>Ian Reid</b></p>	<p>Ideally, yes. The only “permanent” staff in the NHS are GPs and consultants. It is unlikely that the NHS would stretch to a consultant based service in a community hospital, given existing shortages of consultants. Staffing by GPs would have to be radically different from the current clinical assistant/hospital practitioner model – e.g. a number of GPs who are half time based in general practice. At present, no such doctors exist. They would need to be trained and would require regular updating to maintain their skills. (This is a national problem).</p> <p>The current staff grade doctor is encouraged to attend educational meetings within the Department of Elderly Medicine at Queen Alexandra Hospital. He also is supervised regularly by the consultants working in Gosport and has access to them for advice.</p>		

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<p><b>9. Concern over the lack of evidence of Consultant supervision of the Clinical Assistant or of any involvement of clinical assistant in the broader policy development of the trust. How was the performance of the clinical assistant supervised and reviewed? And what action was taken.</b> <b>Ian Reid</b></p>	<p>At the time, because of maternity leave and the decision to employ a locum (because of a previous bad experience), consultant cover at Gosport was extremely stretched. There was no involvement of a clinical assistant in the broader policy development of the Trust at that time. As elsewhere in the NHS in that time, there was no formal review of the performance of the clinical assistants, many of who, as in this case, were very experienced GPs. (they are not “Junior Doctors in training”).</p> <p>A Staff Grade doctor was appointed in August 2000 and the staff grade doctor has regular meetings with the consultant in addition to attending consultant ward rounds. The staff grade has an annual appraisal.</p>		
<p><b>10. Concern over lack of formal systems to appraise the performance of clinical assistants (national issue). What arrangements are in place now in</b></p>	<p>These are being developed.</p>		

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local community hospitals? <b>Ian Reid</b>			
<p><b>11.</b> What action has been taken to ensure we now have formal appraisal and supervision systems for all training grade doctors? <b>Ian Reid/Lesley Humphrey</b></p>	<p>All training grade doctors have an educational supervisor and there is a requirement for there to be regular meetings between the trainee and the educational supervisor where performance is appraised and a record is kept of the issues discussed and any actions agreed.</p> <p><i>Should read 'training grade' doctors. The clinical assistants are not training grade. Training grade doctors have supervision built in.</i></p>		<p>Draft medical supervision policy going to EHPCT clinical governance panel 18<sup>th</sup> June 02.</p> <p><i>11.1</i></p>
<p><b>12.</b> What action has been taken in relation to the named consultant regarding the need to improve supervision of training grade doctors at Gosport? <b>Ian Reid</b></p>	<p>There are <u>no</u> training grade doctors in Elderly Medicine in GWMH but consultant staff cover has been improved so as to allow regular supervision of the staff grade doctor to take place. The named consultant has received copies of the police reports, is aware of the issues raised and the need for supervision of non-consultant career grade staff. Regular supervision meetings <i>held 2/10/02</i></p>		

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	now occur		
<p><b>13. What are the medical accountability and Governance arrangements of GP's working for the Trust on the bed fund? Recognise this is a National issue. Need to engage PCT clinical governance panel.</b>  <b>Fiona</b></p>	<p>There are no formal systems. However, formal contact is made in relation to changes. Some evidence of recent interactions and further meeting booked.</p> <p>Potential to have service manager join bed fund meeting or establish separate review meetings.</p>		<p>13.1 Letter re AEDs            13.2 Guidelines for transfer developed with GPs            13.3 (2 a,b,c) Meeting to discuss current issues Apr 02.</p> <p>There was also informal consultation with GPs re intermediate care developments.</p>
<p><b>14. Concern re long delays sometimes for Healthcall to arrive at the hospital. What have we done? What is the process to report long waits?</b>  <b>Fiona</b></p>	<p>This is usually 2 to 2.5 hrs. Improvements include Healthcall and Fargo docs now on site, June and May respectively. Procedure developed for contacting Consultant out of hours.</p>	<p>Incident <del>data</del> <i>reporting system</i></p> <p>However, where there are concerns re delay, patients can be transferred by emergency ambulance if appropriate.</p>	<p>14.1 Out of Hours, Consultant Geriatrician procedure. Fargo docs 1<sup>st</sup> May 02.            Healthcall 1<sup>st</sup> June 02.</p>
<p><b>15. Need to review out of hours GP contacted at Gosport</b>  <b>Fiona</b></p>	<p>Contract under review.</p>	<p>Quality standards and review mechanism to be built in to new contract.</p>	<p>15.1 Dr Beasley letter 24<sup>th</sup> May 02.</p>
<p><b>16. Has there been any improvement to the contact for Dryad and Daedalus out of hour's service with the providing practice?</b>  <b>Fiona</b></p>	<p>Staff grade in post since Nov. 2000. Perceived reduction in out of hours requirements. Also Healthcall and Fargo docs on site.</p>		
<p><b>17. What action was taken regarding the doctors when the police reports were received in February 2002?</b></p>	<p>The Medical Director saw the clinical assistant and it was agreed that the clinical assistant would no longer admit/care for</p>		

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Ian Reid	<p>any patients in Gosport War Memorial Hospital until the GMC investigation had been completed at which time the position would be reviewed. The clinical assistant also agreed that her out of hours responsibilities as part of the practice providing out of hours cover to Daedalus and Dryad Ward, would remain with Healthcall (a locum agency). The Director of Public Health at that time also asked the clinical assistant to refrain from prescribing opiates in general practice until the hearing by the Interim Orders Committee of the General Medical Council. At the hearing of 9<sup>th</sup> May, the Interim Orders Committee decided that doctor could continue to practise without any restriction in registration. The voluntary agreement to refrain from prescribing opiates in general practice was rescinded.</p> <p>In respect of the consultant, a discussion on the police report</p>		





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<p><b>B Prescribing</b></p> <p>19. Once the initial allegation was made in late 1998 why was an immediate review of hospital prescribing information undertaken to look for trends, issues etc not undertaken? Ian Reid/Max Millett</p>	<p>We did not link the three complaints before the media coverage did from April 2001 onwards.</p> <p>Richards case was the subject of a police investigation but as stated above, we did not believe there to be any substance in the charge.</p> <p>Code A case was the subject of an Independent Ombudsman Review which dismissed the complaint and upheld the clinical care provided. (NB – only criticism of the Trust was to do with microfilming of fluid records)</p> <p>Devine case was subject to Independent Review (using external medical and nursing assessors) which confirmed that the clinical care was appropriate, whilst communication was very poor.</p>		
<p>20. When did the use of the broad prescribing range of 20 to</p>	<p>At some time during 1999.</p>		

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<p><del>200mg of diamorphine stop at Gosport Hospital?</del>  <b>Ian Reid</b></p>			
<p><b>21. Why did it take until 2002 before a formal audit of prescribing took place?</b>  <b>Ian Reid</b></p>	<p>It took a considerable time to develop the pain management policy. It was formally launched in May 2001. In June 2001, the Medical Director and Director of Public Health discussed an audit of the pain management policy and agreed that this would be most appropriately conducted by an external person or body and following discussions between the Director of Public Health and the Chief Executive of the Health Authority, CHI was approached about doing this.</p>		
<p><b>22. Why did it take so long for a Pain Management Policy to be produced?</b>  <b>Ian Reid</b></p>	<p>A new Prescribing /Pain Management protocol was developed by the Medical Director and piloted on Dryad Ward in late 1999/early 2000. Unfortunately, in practice it was found that this had limitations and could potentially have to less safe prescribing. Because of this and the desire to link to the local palliative care service, involve all</p>		

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	the local community hospitals and put nurse training programmes etc. in place. It was 2001 before the policy was <b>formally</b> launched.		
<p>23. Reference to the Wessex Guidelines. We need to either remove these from the wards or be clear of how they fit with the pain policy. Ian Reid/Fiona</p>	<p><i>These are used in conjunction with the policy, not in place of. Need to discuss ongoing use. JP will set up meeting to review.</i></p>		23.1 Copy enclosed for info.
<p>24. Has the recent prescribing audit reviewed the use of Opiates, Midazolam, major tranquillisers and Hyoscine Butylbromide, or just opiates? Ian Reid</p>	<p>It was the intention to review all four but due to a misunderstanding, only opiate prescribing was reviewed. It is known that the total use of Midazolam and major tranquillisers is extremely low. Nevertheless, pharmacy is going to review prescribing of the other agents.</p>	<p>During the first two weeks, there were no patients on opiates.</p>	
<p>25. Can we explain the reasons for changing prescribing on Diamorphine over time, contained in the CHI report and why there are variations between wards? Ian Reid</p>	<p>The change in prescribing pattern probably reflects case mix. (In 1998 and 1999, an increasing number of sick, frail, elderly people were transferred to Gosport War Memorial Hospital to try to relieve pressure on beds in the Royal Hospital Haslar and Queen Alexandra Hospital). Case</p>		

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	mix differences again probably account for the differing prescribing patterns between the wards.		
<p>26. Remote relationship between PHT Pharmacy service and community hospitals and increasing workload. What have we done to improve this? Need to review a pharmacy service. Fiona</p>	<p><b>No action to date.</b> Dryad, Daedalus and Sultan receive one visit per week. Need to review pharmacy contract with PHT.</p>		
<p>27. Need for greater IT access at Gosport War Memorial Hospital to allow for clinician specific records. What have we done and what more is needed? Fiona</p>	<p><b>All wards now have IT access. Live from Mar 02.</b> All F&amp;G grades trained. Access also available in library at hospital. OPD staff in phase two. Access at ward level also to HIS/CIS/path results.</p>		
<p>28. The possibility of using the intranet for Compendium of Drug Therapy Guidelines. Is there now IT access to the Internet and intranet at Gosport War Memorial Hospital? Fiona</p>	<p><b>Yes.</b></p>		

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<p>29. PCT's need systems to alert the Trust Board of unusual or excessive patterns of prescribing. Can we link this into PCT prescribing advisor role? How to access and report the information? Fiona</p>	<p>None. However, pharmacist will pick up incompatible prescriptions or prescribing irregularities when they visit.* An enhanced pharmacy service would improve our ability to do this by building in regular and specific monitoring.</p>		<p>? also when medication changes are requested between visits</p>
<p>30. Has anything else been done to improve prescribing practise at Gosport Hospital? Ian Reid</p>	<p>Prescription writing policy (Jul.2000)</p> <p>A meeting is in the process of being arranged to ensure pharmacy makes available data on the total amount of opiates, midazolam and other major tranquillisers supplied on a regular basis.</p>		<p>30.1 Policy Meeting date. ?</p>
<b>C Complaints</b>			
<p>Why was no formal internal management review, undertaken between 1998 - 2002 when the three complaints and knowledge of a police investigation had been received? Max</p>	<p>We did not link the three complaints before the media coverage did from April 2001 onwards.</p> <p>Richards case was the subject of a police investigation but as stated above, we did not believe there to be any substance in the charge.</p>		

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	<p>Pumell case was the subject of an Independent Ombudsman Review which dismissed the complaint and upheld the clinical care provided. (NB – only criticism of the Trust was to do with microfilming of fluid records)</p> <p>Devine case was subject to Independent Review (using external medical and nursing assessors) which confirmed that the clinical care was appropriate, whilst communication was very poor.</p> <p>In terms of the unlawful killing allegation, therefore, there was no reason to link the cases. In terms of communications, record keeping etc., there were common themes which were followed up on the nursing front by the hospital with input from the Nursing Director.</p>		

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<p>32. Why did the allegation of unlawful killing or prompt action by the Trust eg suspension of staff whilst an investigation was undertaken? Max</p>	<p>The initial phone call re the first police inquiry (December 1998) as indicated above, was not pursued as it was thought not substantial for the reasons stated above.</p> <p>As already acknowledged above, the police telephone call in the Richards case should have triggered an internal Trust investigation back in 1998/99, as it undoubtedly would in today's clinical governance process.</p>		
<p>33. Concern re lack of connection between several similar complaints. Have we established an independent look at complaints at Board level/Clinical Governance Panel to look for connections/themes? Fiona/Lucy</p>	<p>Complaint summaries in service reviews with action plans devised at time of response but separate to the complaint response will be a feature of future reviews. Complaint Manager will establish system to elicit themes from complaints.</p>		<p>33.1 A review of themes associated with 5 complaints took place in Feb 2001. The action plan generated is still progressing.</p>
<p>34. Have we taken action to make complaints leaflets more readily available on wards? Fiona</p>	<p>New leaflet to be on wards by 26<sup>th</sup> Jun 02.</p>		<p>34.1 New Leaflet</p>
<p>35. Concern over the rigour of the first complaint internal investigation. What have we</p>	<p>All investigations, (except the most straightforward) are formally commissioned and undertaken by</p>		<p>35.1 Anonymised terms of reference for investigation.</p>



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done to ensure investigations are rigorous and independent? Fiona	an individual outside the service under scrutiny		
36. Not all staff had attended complaints handling training. What have we done to improve this and how many have now been trained? Fiona	<ul style="list-style-type: none"> <li>• Half-day sessions in Jul, Oct and Nov booked for 12 staff.</li> <li>• Two hour sessions being organised in Aug for all staff on three wards. Jan Peach/Ann Turner.</li> </ul>		
37. How do we use the information gained from complaints? Fiona	<ul style="list-style-type: none"> <li>• All complaints to have formal action plan monitored by complaints manager</li> </ul>		
<b>D Police Investigation and the Board</b>			
38. Once the Chief Executive became aware of the police investigation why were the Trust Board not informed? Max	<p>The initial phone call re the first police inquiry (Dec 1998), was not pursued, as it was thought not substantial for the reasons stated above.</p> <p>The later phone call re-opening the case (October 1999) was different and I reported it to the Chairman. I have rung Margaret Scott to check this and she confirms that I did so.</p> <p>I am afraid that I cannot recall</p>		

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	<p>when we shared it with the full Board. There would certainly have been no intention to keep it from them – from the outset in 1994 we have had an open culture and shared a number of difficult quality concerns with the Board fully and this would have been no exception.</p>		

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<p>39. Why did the allegation of unlawful killing not prompt action by the Trust eg suspension of staff whilst an investigation was undertaken? Max</p>	<p>See 19 &amp; 31</p>		
<p>40. The Board was not formally informed that the police were investigating an allegation of unlawful killing. Need to ensure complaints policy is reviewed to ensure that internal investigations should not cease when a police investigation begins. Fiona</p>	<p>Addendum to 'Handling Patient Related Complaints' policy May 2002.</p>		<p>40.1 Addendum to Policy.</p>
<p>41. Was there an agreed action plan in place during 1999, 2002, 2001, which the Board was monitoring to reassure themselves, that progress was being made? Max</p>	<p>The question implies that today's overall picture/information was coherently available from 1999!!</p> <p>Ian Reid, Eileen Thomas and Fiona Cameron have already listed the action taken arising out of individual complaints and out of wider concerns (e.g. communications, pain control guidelines etc.) monitored through the usual Performance Review process. Since the April 2001 media coverage linking the</p>		

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	various cases (and generating new complaints) the Board has been briefed/updated on the position as whole.		

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<b>E Nursing Issues</b>			
<p>42. Was there consideration of disciplinary action against any nurses following the allegation of unlawful killing in late 1998 and if there was what was the rationale for taking no action and is this documented? Eileen/Max</p>			
<p>43. What was the view of the nursing director of the standards of nursing care at the hospital in 1998/99? Eileen</p>			
<p>44. What action has been taken to review other deaths at Gosport Hospital in 1998/99? Fiona</p>			
<p>45. Which information would have triggered a referral of the nurses by the Trust to the UKCC? Eileen</p>			
<p>46. What action was taken by the Nursing Director to investigate professional nursing standards following the allegation in 1998 and the receipt of the police reports in 2002? Eileen</p>			

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47. A need identified to review the activity co-ordinator role. Fiona	<ul style="list-style-type: none"> <li>Activity Co-ordinator Daedalus Ward 20 hours - job description attached.</li> <li>Small working group to clarify role established. Recommendations early July.</li> </ul>		42.1 Job description
48. What were the results of the recent audit of record keeping, pain management, nutrition and fluids records and what further action is need? Fiona	<i>Audit summary and initial action plan attached</i>		48.1 Audit summary and action plan.
49. What action has been taken regarding improving nursing supervision? Fiona	Scoping exercise underway. <i>Commission external support</i>		49.1 Local action plan <i>ADVERT w/c 24/6/02</i>
50. What further action is planned to improve the quality of nursing records? Fiona	<i>Commission external support</i>		50.1 Local action plan <i>Advent w/c 24/6/02</i>
51. Are the passage of time, the existence of changed policies, the training of staff and the current performance of individual's sufficient reasons for deciding not to pursue disciplinary action in the face of serious concerns? Eileen/Fiona	See 51.1		51.1 Action re specific nurses. <i>check if there is</i>
52. Concern re the lack of			52.1 Local action plan

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documentation regarding nutrition and complacency, as locally written protocols had not been produced throughout the service. Are local protocols now in place at Gosport War Memorial Hospital? Fiona	no However work - progress		→ entered feeding. Nutrition
53. Concern at lack of recorded nurse training re syringe drivers and drug competencies on Dryad, Daedalus and Sultan. Has access to and recording of training improved? How many nurses have now been trained? Fiona	<ul style="list-style-type: none"> <li>31/48 nurses have completed drug competencies this year 2002/2003.</li> <li>Training has been arranged for Aug with Grasby rep. CMs currently checking competencies with staff.</li> </ul>		
54. Need to sustain the improvement in nurse leadership in the hospital, especially Dryad ward. Fiona	<ul style="list-style-type: none"> <li>New F grade since Jun 01. acting up from Nov 01 supported by H grade.</li> <li>CM returning from long term sick leave on formal performance plan.</li> </ul>		54.1 Performance Plan
55. Concern at lack of regular ward meetings on Dryad. Are there regular nurse meetings on Dryad now? Fiona	In place since Nov 01.		55.1 Notes of meetings.
56. Concern regarding swallowing assessments out of	Training currently provided by SLT ? issue.		

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hours. Nurses need to be trained. <b>Fiona</b>			
<b>F Multi Disciplinary Team Working</b>			
<b>57.</b> Meeting is less well developed on Dryad and Sultan. What have we done to improve this? <b>Fiona</b>	<ul style="list-style-type: none"> <li>Although no planned MDT meeting on Dryad or Sultan, members of the MDT do meet with nursing staff individually to discuss patients under their care.</li> <li>Both wards believe there is a need to enhance MDT support to these wards.</li> </ul>		
<b>58.</b> Need to ensure hospital pharmacist participate in multi disciplinary team meetings and have access to medical/nursing notes. <b>Fiona</b>	<p><b>No actual attendance on ward rounds but is on Daedalus on ward round day.</b></p> <p><i>not bold</i></p>		
<b>G Communications</b>			
<b>59.</b> Lack of clarity with regard to what types of care are available for the elderly (what does slow stream rehab mean etc) and what are the likely outcomes. This leads to differing expectations, which are not helpful. Need for common definitions for PHT,	Common definitions exist as part of the generic transfer document and guidelines for transfer to Daedalus. May be some advantage to producing a whole document incorporating all wards at GWMH.		59.1 Generic transfer document 59.2 Intermediate care specific.



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Gosport War Memorial Hospital, GP's, Patients and families. <b>Fiona</b>			
60. Who has responsibility for implementing the "User Involvement in Service Development Framework"? <b>Fiona</b>	Clinical Governance team.		
61. How is the PCT implementing PALS and ensuring users and carers are involved? <b>Lucy</b>			
62. How can we ensure that findings of patient surveys are shared across the PCT? <b>Fiona</b>			
63. Difficulty in managing transferred patients from PHT where a "more rosier picture than could be justified" had been painted. What action have we taken with PHT and Elderly Medicine? <b>Fiona</b>	See 59.1 abd 59.2. All wards at PHT and RHH have copies of 59.1.		59.1 59.2
<b>H Admission Criteria</b>			
64. Patients with higher dependency are now being admitted to Sultan. We need to review the criteria.	This has been in response to PHT red alert status. GPs have the final say on who is admitted. PR/FC to review criteria with GPs.		


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Fiona			
<p>65. Confusion over what types of care are available for elderly people and what the anticipated outcome are also see communications with family rehabilitation means slow stream etc need common definitions.</p> <p>Fiona</p>	<p>See 59. Work also progressing to produce info folders for each patient.</p>		
<p>66. How to react to the more complex case mix? Need for a review of nursing and medical staff.</p> <p>Ian Reid/Fiona</p>			
<p>I Communications with Relatives</p>			
<p>67. Managing expectations. What was the outcome of the review of the Daedalus multi disciplinary team review of patient outcomes against referral letter goals and ward clinical policy?</p> <p>Fiona</p>	<ul style="list-style-type: none"> <li>Proposal to be shared with team and facilitator identified.</li> </ul>		
<p>68. What have we done to improve communication with relatives especially with regard to bereavement?</p> <p>Fiona</p>			
<p>J Organisational Arrangements</p>			

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69. Do we need to formally link Gosport Hospital Elderly Medicine Services with East Hants PCT and/or link all Elderly Medicine Services with PHT? <b>Ian Piper/Tony Horne</b>			
<b>K Transfer Arrangements</b>			
70. Problems with transfers from Haslar. What have we done re improving arrangements? <b>Fiona</b>	Appointment of staff grade has ensured admissions seen almost immediately.	5 days per week.	
<b>L Patients Own Clothes</b>			
71. What have we done to ensure patients are able and do wear their own clothes? <b>Fiona</b>			
<b>M Clinical Governance</b>			
72. Understanding of risk management is patchy. What can we do to improve this? <b>Fiona</b>	Training following dis. Clinical Gov Mgr. 		
73. What have we done to strengthen gathering the views of users? <b>Fiona</b>	Quarterly patient satisfaction monitoring – some environmental changes made.		73.1 List of changes.
74. How are we linking with East Hants PCT's Clinical Governance arrangements? <b>Fiona</b>			

## Potential Issues for CHI Media Briefing

“IN CONFIDENCE”

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
<p>75. What have we done to close the loop ie to ensure that practice is changed and improved following audit and other types of investigations? Fiona</p>	<p><i>*Pursue audit results</i> <i>*Commission external support.</i></p>		
<p>76. CHI less confident that medical staff used the risk reporting system. What can we do to improve this? Ian Reid</p>	<p>Training events for medical staff.</p>		
<p>77. CHI less confident re awareness of the whistle blowing policy. How can we increase awareness? Fiona/Jane Parvin</p>	<p><i>Agenda for cascade via team meetings July.</i></p>		
<p>78. Need to ensure we sustain the Divisional Performance Review process to ensure a regular focus on Quality issues/develop Clinical Governance Section. Fiona</p>			
<p><b>Summary</b></p>			
<p>79. We need to pull together a list of all actions taken at Gosport War Memorial Hospital since 1998 to the present day in relation to medical staffing,</p>	<ul style="list-style-type: none"> <li>List at 79.1</li> </ul>		79.1

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“IN CONFIDENCE”

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
prescribing, nursing, communications etc. <b>Fiona/Lesley/Ian Reid</b>			