Fareham and Gosport NHS
Primary Care Trust

SULTAN WARD

ACTION PLAN FOR THE COMPLAINT OF Code A RE THE CARE OF LATE FATHER Code A

OBJECTIVE	ACTION	TIME SCALE	WHO IS RESPONSIBLE	EVALUATION 13.11.02
1. Clear and accurate documentation at all times, regarding patient care and progress	• Raise staff awareness to the need for clear concise documentation. • All entries dated, timed and signed. • All conversations/contacts with Relatives/Carer/MDT to be documented. • If concerns raised by Patient/Relatives this should be acted upon immediately and outcome obtained.	Nov 2002 " " "	AH " " "	• Forms part of ongoing agenda at monthly tream meetings which are minuted. • Audit planned for Nov. TS • MDT planning meetings now involve relatives/carers
2. Improve communication with Staff/Patients/Relatives/ Carers/MDT providing up to date information and progress	• Ward Information Booklet to be sited by each Patients bed, accessible to all. • Care Plans to be written with Patients/Relatives as a joint problem solving approach, involving nurse working as Care Planning Project. • Photograph board visible informing relatives/carers of nurses as Duty for each shift. • Nil By Mouth signs to be removed as patient leaves ward for investigations	Nov 2002 Ongoing Dec 2002 Nov 2002	AH and KM AH and TS AH AH	• Completed awaiting laminating • 2 meetings held ongoing work with Ann Dalby • Signs now removed
3. Food and Fluid Charts to be maintained	• Reinforce to staff the importance of completing Food and Fluid Charts each shift. • Spot check weekly	Nov 2002 "	AH and KM "	• Completed • Spot check 8./11/02. verbal feedback improvement noted. Results to be written up by 20/11/02 AH

4. Maintaining a safe environment	• Patients be[illegible] to be lowered after cleaning. • Reinforce to staff the protocol for using cot sides • Ensure patients are not sat directly next to radiators that are switched on	Nov 2002 " "	AH and KM " "	• Domestics now lowering beds following cleaning • Completed • Patients whose beds are near radiators are given the choice. If they choose to move their chair is moved to the other side of the bed. • Monitoring of the heat is done on ad hoc basis and St James are requested to regulate the heating.

I believe that in order to satisfy Code A he needs to know that the flaws arising from his father's experience reach the profession in general rather than this specific surgery.

I refer to the following points that came out of my meeting.

1. Liaison between hospital consultants and GP's re the review of medication, particularly toxic drugs.

2. Practices to be aware of repeat prescription failings such as the doubling up in this case. The GP must ensure close checks before signing these repeat prescriptions.

3. Where tests are ordered at hospital and results forwarded to GP's, they must ensure that the results are received and if not somebody needs to chase them up.

4. Ambulance Service Forms to be forwarded to GP rather than left at patient's home.

5. To a lesser degree, because I know this is done to an extent – publicity for flu vaccination and over 75 years checks.

If Code A is made aware that these and other parts from other complaints go forward, it might satisfy him.

Regards T