

Kathryn Rowles - Director of Public Health

From: Kathryn Rowles - Director of Public Health
Sent: 21 November 2002 16:24
To: 'Julie Miller'
Cc: Alan Pickering - Acting Chief Executive; 'Nigel Mcfetridge'; Paula Turvey - Acting Chief Executive
Subject: Gosport War Memorial CHI Action Plan
Importance: High

Dear Julie

I am pleased to attach the final agreed version of the Action Plan in response to CHI's investigation report of Portsmouth Healthcare NHS Trust at Gosport War Memorial Hospital.



GWMH CHI Action
Plan.doc

The Action Plan was 'signed off' yesterday by the Board Executives of Hampshire/IOW Strategic Health Authority. As you are aware we now established a CHI Implementation Group, which will meet bi-monthly to ensure the actions agreed are delivered. The Strategic Health Authority is represented on this Group by Dr Nigel Mcfetridge, Medical Clinical Governance lead.

Please get back to me if you have problems downloading the attached document.

With thanks

Kathryn Rowles and Noreen Kickham

Director of Public Health

Telephone - Code A

Tracking:	Recipient	Read
	'Julie Miller'	
	Alan Pickering - Acting Chief Executive	
	'Nigel Mcfetridge'	
	Paula Turvey - Acting Chief Executive	Read: 25/11/2002 10:47

ACTION PLAN IN RESPONSE TO THE REPORT OF THE INVESTIGATION INTO PORTSMOUTH HEALTHCARE NHS TRUST AT GOSPORT WAR MEMORIAL HOSPITAL JULY 2002

Background

The Action Plan attached details Fareham and Gosport and East Hampshire Primary Care Trusts (PCTs) response to the 22 recommendations contained in the investigation report produced by the Commission for Health Improvement (CHI). The report is structured in line with the template prescribed by CHI.

The process adopted to create the action plan adhered to the guidance produced by CHI to assist organisations to develop a robust and comprehensive response to recommendations. A one-day workshop was held on the 1st August 2002 involving 45 staff from across the two PCTs, but also included colleagues from Social Services and the voluntary sector. The relatives of patients involved in this investigation were made aware of the workshop process by the Chair and Chief Executive of Fareham and Gosport PCT. The workshop provided the opportunity to action plan against each of the recommendations. Subsequent refinement of the actions identified has resulted in the Plan outlined below.

Scope of Action Plan

The Plan details the action required by Fareham & Gosport PCT, as well as those actions requiring a joint response with East Hampshire PCT, to address the recommendations outlined by CHI.

For each of the actions identified a timescale for implementation has been stated. It is implicit that there is a commitment in each PCT to achieving the implementation of these actions within the timescales agreed.

Monitoring arrangements

It has been agreed that a pan PCT (Fareham & Gosport and East Hampshire) Implementation Group will be responsible for overseeing and reviewing implementation of the Action Plan. The Group will comprise the accountable officers identified in the Action Plan and a representative of the Hampshire and Isle of Wight Strategic Health Authority and a Non Executive Director of Fareham & Gosport PCT.

The purpose of the Implementation Group is to ensure that:

- the Action Plan is implemented to the agreed timescale
- a system is in place to audit delivery
- appropriate remedial action is taken where necessary.

The Group will be accountable to the Boards of Fareham and Gosport and East Hampshire PCTs and regular progress reports will be submitted. The Implementation Group will also report to the Strategic Health Authority (via the Medical Director/Public Health Director).

It is also incumbent on the Implementation Group to ensure that action plans and the opportunities for shared learning across the local health economy (Portsmouth and South East Hampshire) are maximised.

ACTION PLAN IN RESPONSE TO CHI INVESTIGATION AT GOSPORT WAR MEMORIAL HOSPITAL - OCTOBER 2002

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 1	To develop performance-monitoring arrangements to ensure that any performance shortfalls in the provision of services for older people at Gosport War Memorial Hospital are identified and addressed swiftly.	<ul style="list-style-type: none"> • Appointment of Operational Director for Secondary Care - in post • Develop a Service level agreement for Older People's Services with jointly agreed principles, clinical governance standards and responsibilities, and key performance criteria – by December 2002 • Establish a system for monitoring and performance managing Service Level Agreement arrangements – January 2003 • Set up and run regular dedicated clinical/ management meetings that involve the associate lead consultant – from December 2002 	<p>Lack of direction for the service managed across two PCTs</p> <p>Lack of formal agreement and monitoring processes for the PCTs to evaluate</p> <p>Time</p>	<p>Chief Executive East Hants PCT</p> <p>Operations Director, Fareham & Gosport and East Hampshire PCTs</p> <p>As above</p> <p>Medical Director, East Hampshire and Fareham & Gosport PCTs</p>	Provision of high quality patient care supported by robust and responsive performance management arrangements between the two PCTs.	<ul style="list-style-type: none"> ▪ Quarterly Service Review process ▪ Bi-annual hosted Service Review ▪ Board Performance Report 	PCTs annual Clinical Governance Action Plans
Rec: 2	To review the policy for admitting patients to Sultan Ward at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Establish a meeting to review and revise, as necessary the criteria for admitting patients to Sultan ward – completed September 2002 ▪ Establish a Gosport War Memorial Hospital Medical Committee to review criteria for GP admissions to Sultan Ward - by end of 	Quality of patient care potentially compromised by inappropriate admissions	<p>Operations Director, Fareham & Gosport PCT in conjunction with PCT Medical Director</p> <p>As above</p>	Appropriate case mix and level of clinical care provided to patients admitted to Sultan ward	<ul style="list-style-type: none"> ▪ Audit against new admissions criteria undertaken 3 months after new policy implemented (January 2003) followed by three monthly review thereafter 	Fareham & Gosport PCT Annual Clinical Governance Action Plan

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 3	To review all local prescribing guidelines to ensure appropriateness for current levels of patient dependency on elderly care service wards.	<p>January 2003</p> <ul style="list-style-type: none"> ▪ Establish a process to ensure that ongoing review of the admissions policy is undertaken as part of routine review, and in particular in response to service changes • Establish Medicines Management Group as a sub group of the Area Prescribing Committee, to oversee the review and guideline development process where necessary - Group established by November 2002 • Carry out a review and revision of guidelines in 6 key areas - by March 2003 • Establish an ongoing audit programme and process for all prescribing guidelines developed to ensure prescribing practice reflects patient management plans/outcome - March 2003 • Audit prescribing against initial 6 revised guidelines and assess appropriateness in relation to patient dependency levels – by December 2003 	Pharmacy service workforce capacity issues	As above PCT Medical Director in conjunction with Pharmaceutical Advisers, Fareham & Gosport and East Hants PCTs	<p>System in place to ensure the ongoing review of local prescribing guidelines for older people in community settings</p> <p>Improved delivery of care through appropriate prescribing, and therefore reduced risk to patients</p> <p>Comprehensive training programme and increased awareness and application of prescribing guidelines</p>	<ul style="list-style-type: none"> ▪ Quarterly exception reports submitted through Fareham & Gosport PCT Clinical Governance Committee • Submission of quarterly reports from the Medicines Management Group to the Area Prescribing Committee and PCT Prescribing Sub Committees - from March 2003 ▪ Publication and dissemination of revised prescribing guidelines through Medicines Management Group as produced and first 6 guidelines - by May 2003 	PCTs annual Clinical Governance Action Plans

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 4	To establish comprehensive pharmacy service support to wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> • Ensure staff training requirements arising from revised guidelines are integrated into PCT training programmes, and as new guidelines are reviewed and developed and implemented – ongoing ▪ Review the current level of pharmacy services provided based on the existing Service Level Agreement, and prepare a business case to enhance provision, which includes an explicit specification for Out of Hours cover – by October 2002 ▪ Integrate additional investment /pharmacy activity into Service Level Agreement - January/February 2003 ▪ Establish central point of reference for Pharmacy Staff working in satellite sites - in place ▪ Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan wards - by March 2003 	<p>Capacity to deliver training programmes</p> <p>Pharmacy workforce capacity issues to Gosport War Memorial Hospital</p> <p>Pending appointment of additional pharmacy staff resource</p>	<p>PCT Chief Executives</p> <p>Pharmaceutical Adviser, Fareham & Gosport PCT in conjunction with PCT Commissioning/ Planning colleagues</p> <p>As above</p>	Improved co-ordination and delivery of pharmacy services to Gosport War Memorial Hospital	<ul style="list-style-type: none"> • Outcome of review submitted to PCT Chief Executives by October 2002 and investment decision taken by December 2002 • Quarterly review of Pharmacy Service Level Agreement 	PCT annual Clinical Governance Action Plan

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 5	To review and monitor prescribing of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan ward.	<ul style="list-style-type: none"> ▪ Carry out a retrospective audit of diamorphine prescribing on Sultan ward to ensure that current guidelines are implemented – by December 2002 ▪ Establish a system for routine monitoring and auditing of narcotic analgesic prescribing on wards at Gosport War , including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial Hospital - by March 2003 ▪ Carry out monthly analysis of this data and investigate sudden changes – by April 2003 ▪ Ensure dissemination of prescribing data to medical staff to support rigorous routine review - May 2003 	Timescale pending appointment of additional pharmacy staff resource	PCT Medical Director in conjunction with Pharmaceutical Adviser, Fareham & Gosport PCT	Robust arrangements in place to ensure appropriate prescribing practice based on locally agreed guidelines on all elderly care wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> • Submission of quarterly reports from the Medicines Management Group to the Area Prescribing Committee and PCT Prescribing Sub Committees - from March 2003 	PCT annual Clinical Governance Action Plan
Rec: 6	To ensure that all-relevant staff, including GPs, in Fareham & Gosport and East Hampshire and PCTs are trained in prescription, administration, review and recording of	<ul style="list-style-type: none"> • Establish short life group (as a sub-group of the Medicines Management Group) to review and make recommendations for action regarding training and development - group established by November 2002 and plan developed - by March 2003 		PCT Medical Director in conjunction with the Pharmaceutical Advisers	<p>Improved delivery of care through reduced risk for patients</p> <p>All appropriate staff trained to prescribe, administer, review and record legibly and accurately</p>	<ul style="list-style-type: none"> • Training plan developed by sub group by March 2003 	PCT annual Clinical Governance Action Plan

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec 7	<p>medicines for older people.</p> <p>To ensure that lessons from patient complaints and comments are disseminated amongst all staff caring for older people in Fareham & Gosport and East Hampshire PCTs</p>	<ul style="list-style-type: none"> Ensure the integration of prescribing training requirements into PCT training delivery programmes – April 2003 Carry out an audit of the quality and legibility of prescribing notes to facilitate discussions between medical staff/GPs - audit by April 2003 Action and learning points from complaints to be included in PCT Quality Newsletter SEQUAL in East Hants PCT - from Oct 2002 All complaints and lessons learned to be fed through Service Clinical Governance Groups in East Hants PCT - in place Review Complaints Policy in Fareham & Gosport PCT - by Dec 2002, and provide training to support implementation of new policy - by March 2003 Representatives from Service Clinical Governance Groups to continue to share lessons at team meetings - ongoing Action plans generated 	<p>Timescale pending appointment of additional pharmacy staff resource</p>	<p>PCT Quality Leads. Fareham & Gosport and East Hants PCTs</p> <p>Head of Quality, East Hants PCT</p> <p>Operations Director, Fareham & Gosport PCT</p> <p>Head of Quality, East Hants PCT</p> <p>Operations</p>	<p>Staff have a clear understanding of quality issues from patient feedback and how they are acted upon</p> <p>Clear and open two way communication processes for sharing complaints issues and action</p>	<ul style="list-style-type: none"> Bi-annual prescribing training course features in the PCTs annual training programme Production of audit report by June 2003 and action plan for discussions by July 2003 Regular of PCT Newsletters to ensure action and learning points are a key feature Clear documentation of complaints action plans and reviews Review of minutes of clinical governance meetings and appropriate team meetings to ensure action and learning points from complaints are integrated into local action 	<p>Quality Strategy</p> <p>Clinical Governance annual action plans</p> <p>Annual Service Plans</p> <p>Business Plan</p>

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 8	To ensure that nursing and other relevant staff at Gosport War Memorial Hospital are appropriately trained to undertake swallowing assessments to enable patient care needs to be met across the 24-hour period.	<p>from each complaint in Fareham & Gosport PCT to be monitored through Quarterly Service Review process until action completed by Service Managers – October 2002</p> <ul style="list-style-type: none"> ▪ Engage Speech and Language Therapy in providing additional training programmes - to commence early October 2002 ▪ Initiate an audit to assess the impact of training and to identify unmet need - by March 2003. ▪ Implement agreed action plan arising from audit findings - by October 2003 	Releasing staff from wards to undertake training	<p>Director, Fareham & Gosport PCT</p> <p>Operations Director, Fareham & Gosport PCT through the Modern Matron, Gosport War Memorial Hospital As above</p>	100% of qualified staff able to undertake initial swallowing assessment with patients. All new staff to receive training within 3 months of taking up post.	<p>planning</p> <ul style="list-style-type: none"> ▪ Action and learning points from complaints incorporated as part of Service Review meetings ▪ Monthly reports of numbers of staff trained in swallowing assessments provided and monitored via PCT quarterly Service Reviews 	<p>District Stroke Guidelines</p> <p>PCT Clinical Governance Framework</p>
Rec: 9	To review and clarify the role of the Activities Co-ordinator at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Widen the membership of the Activities Co-ordinator Working Group to include patient / relative, medical and pharmaceutical staff representation - by December 2002 ▪ Review the need for the Activities Co-ordinator role to be used in specific ward areas and recommend a way forward - by April 2003 		<p>Operations Director, Fareham & Gosport PCT</p> <p>As above</p>	Clear role brief identified for Activities Co-ordinator post holder, which ensures that there are increased and appropriate day time activities for patients that complement therapy goals	<ul style="list-style-type: none"> ▪ Report outlining options for role of Activities Co-ordinator submitted to PCT quarterly Service Review meeting by March 2003 	

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 10	To ensure clinical practice relating to continence management, nutrition and hydration are in line with the standards set out in 'Essence of Care' at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Re-launch 'Essence of Care' a standard with nursing and other profession leads - by November 2002. ▪ Undertake an audit and analysis of compliance against national standards and identify a plan of action to implement standards - by March 2003. ▪ Identify a lead/link nurse for each care standard area - by March 2003 		Fareham & Gosport PCT Director of Operations	Improved nursing care and management of older patients in community hospital settings in Fareham and Gosport	<ul style="list-style-type: none"> ▪ Audit implementation of 'Essence of Care' standards by September 2003 ▪ Develop action plan by March 2003 ▪ Ongoing progress monitoring through peer audit arrangements 	Essence of Care Guidelines
Rec: 11	To ensure that communication developments with staff working in community hospitals are continued in both Fareham & Gosport and East Hampshire PCTs	<ul style="list-style-type: none"> ▪ Feedback CHI action plan and progress reports through regular meetings with staff – ongoing ▪ Implement PCT Communications Plan in East Hants PCT – from September 2002 ▪ Finalise internal communications improvements in each PCT – by December 2002 ▪ Produce draft outline Patient and Public Involvement Strategy, incorporating staff communications in Fareham & Gosport PCT by January 2003 ▪ Review Nurses Directory in Fareham & Gosport PCT – by March 2003 	Capacity to deliver communication / patient & public involvement strategies	<p>Operations Director Fareham & Gosport and East Hants PCTs Head of Quality, East Hants PCT</p> <p>Director of Public Health, Fareham & Gosport PCT,</p> <p>Operations Director through Board/PEC Nurse Members,</p>	<p>All staff are kept up to date about NHS and PCT Issues,</p> <p>Staff and patient/public access to information in a range of mediums</p> <p>Staff/ patients/ public are able to fully engage in services and provide feedback</p>	<ul style="list-style-type: none"> • Ongoing review of content of PCT staff newsletters and other communications to ensure comprehensive access to information regarding CHI Action Plan Implementation • Progress against milestones set out in PCTs Communications and Patient /Public Involvement strategies • Annual staff opinion surveys 	<p>Communications Strategy in East Hants PCT</p> <p>Patient and Public Involvement Strategy in Fareham & Gosport PCT</p>

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Rec: 12	To determine the best way to improve communication with older patients and their relatives/carers	<ul style="list-style-type: none"> ▪ Fareham and Gosport PCT to develop a process for consulting with key local organisations/user groups in relation to older people in conjunction with PALS Co-ordinator - by March 2003 ▪ Ensure information about services at Gosport War Memorial Hospital is available at Queen Alexandra Hospital, St Mary's Hospital and RH Haslar for patients and families prior to transfer. Information leaflets to be prepared - by end March 2003. ▪ Follow-up of actions arising from the communication audit undertaken by the Community Health Council – by March 2003. ▪ Review the "Living with Bereavement" booklet – by March 2003 	PALS Co-ordinator appointed August 2002 serving 3 PCTs across the whole of Portsmouth & South East Hampshire. Availability to support delivery against agreed action is likely to be a constraint	<p>Fareham & Gosport PCT</p> <p>Director of Public Health, Fareham & Gosport PCT</p> <p>Operations Director, Fareham & Gosport PCTs</p> <p>As above</p> <p>As above</p>	Explicit arrangements for improved communication and consultation with older patients/relatives and user groups in place	<ul style="list-style-type: none"> ▪ Progress reporting for communications with older patients and relatives/carers against action plans to support implementation of PCT Patient and Public Involvement Strategy Group by April 2003 • Information from Community Health Council audit findings shared with staff through local workshops, as appropriate, by April 2003 	<p>Dept of Health Involving Patients and Public in Healthcare</p> <p>PCT Patient and Public Involvement Strategy</p>
Rec: 13	To review 'Out of Hours' medical cover to Daedalus, Dryad and Sultan wards at Gosport War	<ul style="list-style-type: none"> ▪ Review and renew the 'Out of Hours' contractual agreement for medical cover on consultant led Dryad and Daedalus wards – by December 	Local workforce capacity to provide medical out of hours cover	Medical Director, East Hants and Fareham & Gosport PCTs	Improved co-ordination and quality of out of hours service provision for older patients at Gosport	<ul style="list-style-type: none"> ▪ Revised policies/criteria for 'Out of Hours' medical cover in place by January 2003 	Annual Service Level Agreement/ Contract with GP providers

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Rec: 14	Memorial Hospital To ensure appropriate patients are admitted to Gosport War Memorial Hospital and receive appropriate levels of support.	2002 <ul style="list-style-type: none"> ▪ Review the admissions criteria for GP led Sultan ward - by September 2002 ▪ Develop/implement alternative models of 'Out of Hours' Service Delivery - by January 2003 • Review the admissions policy for Sultan - by September 2002 and for Dryad and Daedalus wards – by December 2002 • Undertake audit of patients admitted to Daedalus, Dryad and Sultan Wards to determine the appropriateness of admission against new admissions policy Sultan Ward 2002, Daedalus & Dryad – by June 2003 		Operations Director, Fareham & Gosport PCT As above Operations Director, Fareham & Gosport PCT and East Hants PCT in conjunction with Medical Director Operations Director, Fareham & Gosport PCT in conjunction with Medical Director	War Memorial Hospital Explicit admission and transfer criteria incorporating clear accountability for review, in place to ensure that patients are admitted to the ward most appropriate to their care needs.	<ul style="list-style-type: none"> ▪ Implementation of criteria and model of provision monitored through PCT quarterly Service Review ▪ Audit report produced by June 2003 and submitted as part of PCT quarterly Service Review and action plan developed by PCT Clinical Governance sub committee by September 2003 	PCT Annual Clinical Governance Action Plan
Rec: 15	To establish arrangements in Fareham & Gosport PCT to ensure strong, long-term nursing leadership on all wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Establish a 6 month secondment Practice Development post facilitate leadership developments in Gosport War Memorial Hospital – by September 2002 ▪ Establish nursing reference groups that will identify and implement clinical support processes in conjunction with Practice Development 		Operations Director, Fareham & Gosport PCT As above	Clearly identifiable clinical nursing processes in place across all wards at Gosport War Memorial Hospital Adoption of high quality nursing practice supported by good nursing leadership across elderly care wards	<ul style="list-style-type: none"> ▪ Project evaluation report of Practice Development initiative by April 2003 ▪ Clinical supervision framework in place and monitored through 	National Nursing Strategy - Making a Difference

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Rec: 16	Develop local policy guidance in relation to GPs who work as Clinical Assistants in Community Hospitals in Fareham and Gosport PCT.	<p>postholder - by December 2002</p> <ul style="list-style-type: none"> ▪ Evaluate the Gerontological Nursing Programme - by November 2002. ▪ Develop PCT Nursing Strategy ▪ Establish an implementation group to support delivery of PCT nursing strategy – by December 2002 <ul style="list-style-type: none"> ▪ Develop guidance for using GPs as Clinical Assistants to inform personnel policy and employment practice - by March 2003 	No GP Clinical Assistants currently employment in Community Hospitals in Fareham & Gosport and East Hants PCTs	<p>Operations Director, Fareham & Gosport PCT through RCN/Critical Companion Group</p> <p>Board/PEC Nurse member and PCT Director of Operations</p> <p>Head of Human Resource in East Hants and Fareham & Gosport PCTs conjunction with Medical Director</p>	<p>at Gosport War Memorial Hospital</p> <p>Clear nursing leadership structure and development programme in place</p> <p>Clarity regarding the development and scope of nursing roles in caring of older people</p> <p>Delivery of robust medical care that operates within appropriate supervisory/ support structures</p> <p>Equity of employment conditions for GPs working as Clinical Assistants in elderly health care</p>	<p>Executive Nurse Action Learning Group</p> <ul style="list-style-type: none"> ▪ Final evaluation project report of Gerontological Nursing Programme produced by January 2003 ▪ Draft Nursing Strategy produced by March 2003 <ul style="list-style-type: none"> • Policy guidance submitted as part of PCT Quarterly Service Review by March 2003 and then subject to PCT personnel policy and practice review process 	PCT Personnel Policies
Rec: 17	To ensure arrangements are in place for continued learning and monitoring of action arising from complaints across Fareham	<ul style="list-style-type: none"> • Utilise Service Review process and bi-annual hosted services review arrangements to oversee monitoring of trends and action taken in relation to complaints – in place • Complaints trends and actions shared through 		<p>Chief Executives, Fareham & Gosport and East Hants PCTs</p> <p>Director of Operations,</p>	Lessons are learnt and shared within and across the PCTs and action plans are implemented	<ul style="list-style-type: none"> • Quarterly complaints reports produced and shared through PCT Clinical Governance sub committee 	<p>PCT Quality Strategy</p> <p>PCT Performance Management Plan</p> <p>PCT Complaints</p>

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Rec: 18	& Gosport and East Hants PCTs To ensure all staff on Dryad, Daedalus and Sultan attend customer care and complaints training, which are developed with patients, relatives and staff	Clinical Governance Committees and Quarterly Quality report – in place in East Hants PCT <ul style="list-style-type: none"> • Set up PCT Complaints Panel in East Hants PCT – by Oct 2002 • Review Complaints Policy and develop complaints action plan in Fareham & Gosport PCT - by March 2003 • Develop mechanism for sharing lessons learnt from complaints across both organisations, which are timely and effective – by March 2003 • Develop comprehensive complaints and customer care training programme for staff that links to the PALS and induction training programmes – March 2003 • Ensure that all medical staff can demonstrate that they continue to improve their communication skills through their Continuous Professional Development programme – medical staff aware of this requirement by April 2003 	Capacity for ward cover and staff training	Fareham & Gosport PCT and Head of Quality, East Hants PCT Head of Quality, East Hants PCT Director of Operations Fareham & Gosport PCT Director of Operations Fareham & Gosport PCT and Head of Quality, East Hants PCT Operations Director, Fareham & Gosport PCT and Head of Quality East Hants PCT through Training and Development Manager Medical Director, East Hants and Fareham & Gosport PCTs	All staff provide care to patients and their families that is sensitive to their needs and the needs of those bereaved Staff understand and provide clear information and support to patients/relatives with concerns or complaints	<ul style="list-style-type: none"> ▪ New complaints policy disseminated by April 2003 ▪ Plan developed for sharing lessons learnt from complaints across the two PCTs by March 2003 • Training programme developed and uptake and evaluation monitored ▪ Integration of communication skills for medical staff monitored through annual appraisal process 	Policy and Procedures PALS strategy and PCT annual training programme

Action point	Objective	Action required & timescales	Constraints &/or impact of not taking the action	Accountability	Intended outcome	Monitoring	Reference
Rec: 19	To ensure clinical governance developments are fully maintained and supported within Fareham & Gosport and East Hants PCTs	<ul style="list-style-type: none"> • Implement Quality Strategy and annual action plans in East Hants PCT – ongoing • Produce a Clinical Governance Framework/Action Plan for Fareham and Gosport PCT – by January 2003 • Produce a Quality Development Plan for Fareham and Gosport PCT – by September 2003 • Ensure clear PCT structures and accountabilities for Clinical Governance - in place • Audit current reporting mechanisms to test robustness – by March 2003 	Time, staffing and financial constraints	<p>Head of Quality, East Hants PCT</p> <p>Operations Director, Fareham & Gosport PCT</p> <p>As above</p> <p>Chief Executives, East Hants and Fareham & Gosport PCTs</p> <p>Head of Quality, East Hants PCT and Operations Director, Fareham & Gosport PCT</p>	<p>PCT culture of continuous improvement</p> <p>Clear action planning processes</p> <p>Robust monitoring mechanisms and audit trail</p>	<ul style="list-style-type: none"> ▪ Monitoring of Quality annual action plan through Clinical Governance sub committee in East Hants PCT ▪ Production of Clinical Governance Action Plan and ongoing monitoring through Clinical Governance sub committee in Fareham & Gosport PCT ▪ Production of Quality Development Plan for Fareham & Gosport PCT ▪ Audit reports submitted to PCT Clinical Governance sub committees 	<p>PCT Business Plan</p> <p>PCT Service Development Plans</p> <p>Quality Strategy</p> <p>Patient and Public Involvement Strategy</p>
Rec: 20	To ensure all staff are aware of the requirement to complete risk and incident reports	<ul style="list-style-type: none"> • All staff, including medical staff, are trained in the completion of risk management forms and basic risk management & awareness – ongoing • Risk management training for junior doctors and new medical staff on induction 		<p>Medical Director</p> <p>Operations Director, Fareham & Gosport PCT and Head of Quality, East Hants PCT</p> <p>Head of Quality, East Hants PCT</p>	Increased compliance of all staff in reporting risks	<ul style="list-style-type: none"> ▪ Monitor risk management training through PCT Clinical Governance and risk management sub committee reports ▪ Dissemination 	<p>PCT Annual Service Plans</p> <p>PCT Annual Clinical Governance Action Plans</p>

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Rec: 21	To ensure systems are in place to identify and monitor trends revealed by risk reports and action is taken	<ul style="list-style-type: none"> - from January 2003 • Re-launch risk incident forms in Fareham & Gosport PCT - by March 2003 • Further develop the current quarterly quality reporting mechanism in East Hants PCT to make explicit action taken and lessons learned – from October 2002 • Agree process for cross organisational reporting and sharing lessons/ learning lessons – by March 2003 • Review quarterly quality reporting mechanism in Fareham & Gosport PCT - by March 2003 • Develop an audit trail to identify any gaps in the current system – by June 2003 • Implement recommendations as a result of audit - by September 2003 	Certain staff groups under / over reporting	<p>Operations Director, Fareham & Gosport PCT</p> <p>Head of Quality, East Hants PCT and Operations Director, Fareham & Gosport PCT</p>	<p>Improved patient care and safety through effective risk reduction/ management</p> <p>Integrated systems for risk management across services for older people</p>	<p>plan for re-launch of risk incident forms in Fareham & Gosport PCT produced by February 2003</p> <ul style="list-style-type: none"> ▪ Quarterly quality reporting mechanisms in place in Fareham & Gosport and East Hants PCTs established by April 2003 ▪ Audit trail in place to identify gaps in current system by September 2003 	<p>PCT Quality Strategy</p> <p>PCT Business Plan</p> <p>PCT Service Plans</p>
Rec: 22	To ensure 'Whistle Blowing' policies across Fareham & Gosport and East	<ul style="list-style-type: none"> • Work with Joint representative committee to review policy • Redefine "whistleblowing" to gain greater acceptance 		Heads of Human Resources, Fareham & Gosport and East Hants PCTs in	New Policy launched that provides an alternative route for staff to report	<ul style="list-style-type: none"> ▪ Seek views of staff regarding implementation of revised policy through Staff 	<p>HR Strategy</p> <p>Poorly Performing Doctors</p>

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	Hants PCTs enable staff to raise concerns outside normal management channels	amongst staff. <ul style="list-style-type: none"> • Revise and approve - by June 2003 • Establish a programme for investigation officer training 		in conjunction with Non Executive Director lead	serious concerns about practice All staff aware	Opinion Survey in East Hants and Fareham & Gosport PCTs <ul style="list-style-type: none"> ▪ Training programme developed by June 2003 	Procedures