

Kathryn Rowles - Director of Public Health

From: Kathryn Rowles - Director of Public Health
Sent: 24 October 2002 11:11
To: Fiona Cameron - Operational Director; Paula Turvey - Operational Director; Sue Damarell-Kewell - Head of Service Quality; Neil Stubbs - Operational Director; Parvin Jane (5FE) Portsmouth City PCT; Denise Farmer - Head of Personnel; Ian Reid; Watling Jeff (RHU) Portsmouth Hospitals
Cc: Noreen Kickham - Director of Public Health
Subject: Draft CHI Action Plan
Importance: High

Dear all

Attached is what we anticipate will be the penultimate draft version of the CHI Action Plan for Gosport War Memorial Hospital. **We are seeking your final views/comments on this, as the accountable leads for delivering the action by next Wednesday (30 October) at the latest.** The intention is to conclude this by the end of this month in time for the first meeting of the Implementation Group on the 8 November at 2pm Farehem Reach - Conference Room. Noreen and I will circulate draft Terms of Reference and an agenda nearer the time.

We have attempted to combine comments from as many individuals who have feedback to us but we have also sought Julie Miller's views as well on what she might be expecting from us so have tailored the action accordingly. (For example, we were told that the prescribing section needed to be more upbeat with less focus on the business case so we have modified the actions accordingly).

We are mindful that this Plan will be open to formal scrutiny so have only included actions that people are confident will be achieved as it relates to GWMH. Other actions not included in the CHI Plan can also be taken forward alongside this. We can agree how best we do that when the Implementation Group meets.

In the meantime we would welcome you final views, particularly on those actions that you have an accountable lead for delivering. With thanks.
Kathryn & Noreen



Action plan intro.doc



Draft CHI
ActionPlan.doc

Kathryn Rowles and Noreen Kickham
Director of Public Health

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Comments on the Draft Action Plan in response to CHI Investigation at Gosport War Memorial Hospital (GWMH)

Recommendation: Comments:

1. If services to GWMH are being provided not only by the PCTs but also other provider trusts e.g. through Portsmouth Hospitals Trust then it is important that these organisations be included within the SLA and the formalised bi-annual service reviews /risk sharing systems.
2. Since this recommendation is linked to medical criteria for admissions, accountability for developing admission criteria for Sultan Ward probably ought to rest with either the PCT Medical Director of the Trust in-conjunction with the Director of Operations.
3. Although the Acute Trust is currently providing the Pharmacy Services to GWMH ultimately it is the PCT that has responsibility/accountability for the delivery of its services. Therefore it maybe more appropriate for the Medical Director **and** the Chief Pharmacist or Prescribing/Pharmaceutical Adviser(s) of the PCTs to share accountability for this recommendation. With respect to monitoring, while input of the Area Prescribing Committee is important, my concern is that if within a regular report some serious issues are flagged up what action can the APC/Medicines Management Guideline Group take to resolve them? I would recommend that regular reports from reviews/audit of the guidelines be submitted to the relevant Clinical Governance Committees.
4. The comments regarding accountability under recommendation 3 is also relevant to this recommendation. When looking at the business case for additional staff resources for the pharmacy service it would be worth reviewing what is within the current SLA.
5. All of the comments on recommendation 3 also hold for recommendation 5. It may also be worth undertaking baseline audits of all controlled drug prescribing on all wards as this would give comparison over time and other wards as additional feedback.
6. The comments regarding accountability under recommendation 3 is also relevant to this recommendation. With regard to the training programme/requirements it may be appropriate to use Human Resources monitor and audit attendance to ensure that staff are involved in this training. Audit may be undertaken to assess the legibility of the prescription sheets/discharge information. It may also be appropriate for the IT leads to be accountable for reviewing the implementation of electronic records.
7. The PCTs may also wish to review how they can involve patients/patient representatives or other partner organisations in sharing and learning from complaints
8. Under this recommendation the intended outcome could be "100% of qualified staff able to undertake initial swallowing assessments with patients. All new staff should receive training within 3 months of taking up the post" (+/- 5% of 100% is not strictly possible)
9. The membership of the working group outlined within this recommendation may usefully include pharmaceutical representation as well as medical staff and patients/patient representation.

Recommendation:	Comments:
10.	No comments
11.	Under this recommendation while regular meetings can be very useful for staff who are absent or can not make the meeting development of a newsletter/email circular may be appropriate. In terms of accountability involvement of a Non-executive Director may also be useful.
12.	No comments other than possible clarification of how this recommendation can be monitored and who will receive feedback from the audits to take action.
13.	No comments
14.	The comments regarding accountability for recommendation 2 hold for this recommendation also.
15.	No comments
16.	No comments other than possible clarification of how this recommendation can be monitored and who will receive feedback from the audits to take action.
17.	Comments on recommendation 7 apply here also
18.	It is not clear who is accountable for this recommendation. However, it may be appropriate for Human Resources to take the lead in this area with monitoring also through the Clinical Governance Committee(s)
19.	No comments
20.	No comments
21.	It may also be appropriate to have some lines of accountability to the IT lead
22.	It may also be useful to have involvement of a Non-executive Director in leading this recommendation

For the attention of Katherine Rowles – Director of Public Health

CHI Action Plan - Draft version

There has obviously been a great deal of work put into this. It looks comprehensive and appears to address most of the points raised by CHI. My concern, however, is not so much the content of the plan but, rather, **how it is going to be executed** and how you are going to **create the time to allow this to take place** - given the staffing numbers. Also what, if **anything, will be immediately noticeable to relatives**. I think patients, relatives and staff need to see **something happening now**. Morale is low so something positive and encouraging needs to happen fast.

Some quick fixes?

- Ask OT to second 1 of their staff, short term, to start some activities for patients – and use this time to action Rec 9. This would be “visible” to patients, relatives and staff and would be seen as something happening.
- Consider use of volunteers to give a more visible face in ward areas when staff are “behind curtains”.
- Consider ALL staff attending communications skills workshop- could be in own areas and so not off wards. Consider using people like Karen Woods who is an expert in this field, this would be a refreshing view point and from a different angle.
- Daedalus ward involve patients relatives in their care – if this works well why not share this with other areas.

Rec 8. In a patient centred culture and given that the NHS is supposed to work for the benefit of patients and not staff WHY:

- Why are SLT’s not on an out of hours duty rota?
- Why are nurses the only staff on duty 24hrs. 7/7
- When PAM’s are short staffed why are nurses expected to carry out their duties – albeit in a limited role - is there a case for PAM’s to be on an out of hours call rota?

The above may seem to be radical but isn’t this a time for change?

Kathryn, I hope these comments are useful even if not what you were expecting. I could go on!

Anne Stewart, NED. 29/10/02