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Action point	Objective	Action required & timescales	Accountability	Status	Documentary evidence of action(s) completed
Rec: 1	To develop performance -monitoring	 Appointment of Operational Director for Secondary Care - in post 	Tony Horne	<i>JJ</i> <i>J</i>	NS's Job Description/Date of appointment
	arrangement s to ensure that any performance shortfalls in the provision of services for older people at	Develop a Service Level Agreement (SLA) for Older People's Services with jointly agreed principles, clinical governance standards and responsibilities, and key performance criteria – by December 2002	Fiona Cameron/Neil Stubbs		Copy of SLA
	Gosport War Memorial Hospital are identified and addressed	 Establish a system for monitoring and performance managing Service Level Agreement arrangements – January 2003 	Fiona Cameron/Neil Stubbs		Monitoring framework and first quarter report
	swiftly.	 Set up and run regular dedicated clinical/ management meetings that involve the associate lead consultant – from December 2002 	lan Reid	11	Terms of Reference and Notes Notes of meeting. Revised criteria
Rec: 2	To review the policy for admitting patients to Sultan Ward at Gosport	 Establish a meeting to review and revise, as necessary the criteria for admitting patients to Sultan ward – completed September 2002 	Fiona Cameron/Ian Reid	J J	
	War Memorial Hospital	 Establish a Gosport War Memorial Hospital Medical Committee to review criteria for GP admissions to Sultan Ward - Jan 2003 	Fiona Cameron/Ian Reid	55	Terms of Reference/Notes
		 Establish a process to ensure that ongoing review of the admissions policy is undertaken as 	Fiona Cameron/Ian Reid	11	Statement of process/Notes of Review meeting

CHI ACTION PLAN - PROGRESS REPORT AS AT 23 MAY 2003

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
Rec: 3	To review all local prescribing guidelines to ensure appropriaten	 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 	lan Reid/ Hazel Bagshaw/Jeff Watling	\$	Terms of Reference/Membership/ Notes of meetings	
	ess for current levels of patient dependency on elderly care service wards.	 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 	Ian Reid/ Hazel Bagshaw/Jeff Watling Ian Reid/ Hazel Bagshaw/Jeff Watling	✓ ✓	Guideline Reviews Audit outline/outcomes	
		 guidelines developed to ensure prescribing practice reflects patient management plans/outcome - March 2003 Audit prescribing against initial 6 revised guidelines and assess appropriateness in 	lan Reid/ Hazel Bagshaw/Jeff Watling	x	Audit Report	
		 relation to patient dependency levels – by December 2003 Ensure staff training requirements arising from revised guidelines are 	Jeff Watling/Hazel Bagshaw	•	Staff Training Programme	

KEY:

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Action	Objective	Action required &	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
point		timescales				action(s) completed
		integrated into PCT training programmes, and as new guidelines are reviewed and developed and implemented – ongoing				
Rec: 4	To establish comprehensi ve pharmacy service support to wards at Gosport War Memorial Hospital	 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 		1	Revised SLA/Business Operational Plan, Business Case	
		 Integrate additional investment /pharmacy activity into Service Level Agreement - by January/February 2003 	Hazel Bagshaw/Fiona Cameron	1	See above	
		 Establish central point of reference for Pharmacy Staff working in satellite 	Hazel Bagshaw/ Fiona Cameron/	11	Protocol/Plan for central point of reference for pharmacy staff	
		 sites - in place Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan wards - by March 2003 	Hazel Bagshaw /Fiona Cameron	xx	Evidence of pharmacy input: Job Description, Objectives 2003/04	
Rec: 5	To review and monitor prescribing	 Carry out a retrospective audit of diamorphine prescribing on Sultan 	lan Reid/Hazel Bagshaw	5	Audit Report/Action Plan	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
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	of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan ward.	 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, including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial 	lan Reid/Hazel Bagshaw	•	Protocol for routine monitoring	
		 Hospital - by March 2003 Carry out monthly analysis of this data and investigate sudden 	lan Reid/Hazel Bagshaw	1	Monthly data analysis (report format/1 st report)	
		 changes – by April 2003 Ensure dissemination of prescribing data to medical staff to support rigorous routine review - by May 2003 	lan Reid/Hazel Bagshaw	X	Outline dissemination process e.g., circulation of above, staff meetings (notes/remedial action)	
Rec: 6	To ensure that all- relevant staff, including GPs, in Fareham & Gosport and East Hampshire	• 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	lan Reid/Hazel Bagshaw	XX	Notes of Training and Development Group/Action Plan	
	and PCTs are trained in	2003Ensure the integration of	lan Reid/Hazel	1	Copy of PCT Training Programme	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
	prescription, administratio n, review and recording of medicines for older people.	 prescribing training requirements into PCT training delivery programmes – by 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 	Bagshaw/Fiona Cameron Fiona Cameron	•	(inclusive of prescribing training) Audit Report/Recommendations for action	
Rec 7	To ensure that lessons from patient complaints and comments	Action and learning points from complaints to be included in PCT Quality Newsletter SEQUAL in East Hants PCT - from Oct 2002	Sue DK	11	Sample Newsletter (to identify approach to inclusion of complaints)	
	are disseminated amongst all staff caring	 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 	Sue DK	11	Demonstration of process through notes of service Clinical Governance	
	for older people in Fareham & Gosport and East Hampshire		Fiona Cameron	55	Copy of revised Fareham and Gosport Complaints Policy and Training Policy	
	PCTs	 implementation of new policy - by March 2003 Representatives from Service Clinical Governance Groups to continue to share lessons at team meetings - ongoing 	Sue DK/Fiona Cameron	11	Notes of Pan PCT Clinical Governance leads meetings	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
		Action plans generated from each complaint in Fareham & Gosport PCT to be monitored through Quarterly Service Review process until action completed by Service Managers – by October 2002	Fiona Cameron		Sample Action Plan	
Rec: 8	To ensure that nursing and other relevant staff at Gosport War	 Engage Speech and Language Therapy in providing additional training programmes - to commence early October 2002 	Fiona Cameron	55	Copy of Training Plan/uptake	
	Memorial Hospital are appropriately trained to	 Initiate an audit to assess the impact of training and to identify unmet need - by March 2003. 	Fiona Cameron	J J J J	Audit Report	
	undertake swallowing assessments to enable patient care needs to be met across the 24-hour period.	 Implement agreed action plan arising from audit findings - by October 2003 			Terms of Reference/Membership of	
Rec: 9	To review and clarify the role of the Activities Co-ordinator at Gosport	 Widen the membership of the Activities Co-ordinator Working Group to include patient / relative, medical and pharmaceutical staff representation - by 	Fiona Cameron	11	Group	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
	War Memorial Hospital	 December 2002 Review the need for the Activities Co-ordinator role to be used in specific ward areas and 	Fiona Cameron	J J	Revised Co-ordinator brief	
		recommend a way forward - by April 2003			Dates/Programme of relaunch/ participant list	
Rec: 10	To ensure clinical practice relating to	 Re-launch 'Essence of Care' a standard with nursing and other profession leads - by 	Fiona Cameron	55		
	continence management , nutrition and hydration are in line with the	 November 2002. Undertake an audit and analysis of compliance against national standards and identify a plan of action to implement standards - by March 	Fiona Cameron	11	Audit Report/Action Plan	
	standards set out in 'Essence of Care' at Gosport War Memorial Hospital	 2003. Identify a lead/link nurse for each care standard area - by March 2003 	Fiona Cameron	\$	List of link nurses	
Rec: 11	To ensure	Feedback CHI action plan and programs reports	Fiona Cameron / Sue DK	11	Copies of: Newsletter, Staff meeting notes, briefings	
	that communicati on development s with staff working in	 and progress reports through regular meetings with staff – ongoing Implement PCT Communications Plan in East Hants PCT – from 	Sue DK	55	Copy of Implementation plan and monitoring arrangements	
	community hospitals are	September 2002Finalise internal	Sue DK/Fiona	11	Copy of communication strategy/plan	

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Action	Objective	Action required &	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
point		timescales				action(3) completed
	continued in both Fareham & Gosport and	communications improvements in each PCT – by December 2002.	Cameron			
	East Hampshire PCTs	 Produce draft outline Patient and Public Involvement Strategy, incorporating staff 	Noreen Kickham / Kathryn Rowles	J J	Copy of PPI Strategy/Board Report, including annual action plan	
Rec: 12	To determine the best way to improve communicati on with older	 communications in Fareham & Gosport PCT by January 2003 Review Nurses Directory in Fareham & Gosport 	Fiona Cameron	55	Copy of revised Nurse Directory	
	patients and their relatives /carers	 PCT – by March 2003. Fareham and Gosport PCT to develop a process for consulting with key local organisations/user groups in relation to older people through Patient Advice and Liaison 	Noreen Kickham / Kathryn Rowles	•	Protocols for use by Gosport War Memorial for referral to PALS. Notes of meetings, signposting informative	
		 Service - 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 propered by and March 	Fiona Cameron	<i>JJ</i>	Copy of revised information leaflet	
		 prepared - by end March 2003. Follow-up of actions arising from the 	Fiona Cameron	1	Copy of CHC communication audit and action plan	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
		 communication audit undertaken by the Community Health Council – by March 2003. Review the "Living with Bereavement" booklet – by March 2003 	Fiona Cameron	•	Copy of revised booklet and disseminative plan	
Rec: 13	To review 'Out of Hours' medical cover to Daedalus, Dryad and	 Review and renew the 'Out of Hours' contractual agreement for medical cover on consultant led Dryad and Daedalus wards – by December 2002 	Fiona Cameron	55	Copy of Out of Hours medical cover contract for Dryad and Daedalus	
	Sultan wards at Gosport War Memorial Hospital	 Review the admissions criteria for GP led Sultan ward - by September2002 Develop/implement alternative models of 'Out of Hours' Service Delivery - by January 2002 	Fiona Cameron Fiona Cameron	<i>J J</i>	Copy of revised admissions criteria for GP led Sultan Ward As above	
Rec: 14	To ensure appropriate patients are admitted to Gosport War Memorial	Review the admissions policy for Sultan - by September 2002 and for Dryad and Daedalus wards – by December 2002	Fiona Cameron / Ian Reid	5	As above	
	Hospital and receive appropriate levels of support.	Undertake audit of patients admitted to Daedalus, Dryad and Sultan Wards to determine the appropriateness of	Fiona Cameron / Ian Reid	x	Audit Report/action plan	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
		admission against new admissions policy Sultan Ward 2002, Daedalus & Dryad – by June 2003				
Rec: 15	To establish arrangement s in Fareham & Gosport PCT to ensure	 Establish a 6 month secondment Practice Development post facilitate leadership developments in Gosport War Memorial Hospital – by September 2002 	Fiona Cameron	55	Practice Development post job description/work programme	
	strong, long- term nursing leadership on all wards at Gosport War Memorial Hospital	 by September 2002 Establish nursing reference groups that will identify and implement clinical support processes in conjunction with Practice Development postholder - by December 2002 	Fiona Cameron	J J	Terms of Reference of nursing reference groups	
		 Develop PCT Nursing Strategy - by September 	Fiona Cameron	1	Copy of PCT Nursing Strategy	
		 2003 Establish an implementation group to support delivery of PCT nursing strategy – by 	Fiona Cameron	11	Terms of Reference of implementation group	
		 December 2002. Evaluate the Gerontological Nursing Programme - by November 2002 	Fiona Cameron	55	Copy of evaluation of G.N. programme	
Rec: 16	Develop local policy guidance in	 Develop guidance for using GPs as Clinical Assistants to inform 	Jane Parvin/lan Reid	1	Copy of Guidance	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
point		linescales		1		
	relation to GPs who work as Clinical Assistants in Community Hospitals in Fareham and Gosport PCT.	personnel policy and employment practice - by March 2003				
Rec: 17	To ensure arrangement s are in place for continued learning and	• Utilise Service Review process and bi-annual hosted services review arrangements to oversee monitoring of trends and action taken in relation to	Ian Piper / Tony Horne	J J	Timetable of Service Reviews/ minutes/action plans	
	monitoring of action arising from complaints across Fareham & Gosport and	 complaints Complaints trends and actions shared through Clinical Governance Committees and Quarterly Quality report – in place in East Hants PCT 	Fiona Cameron / Sue DK	J J .	Copy of quarterly Quality Report	
	East Hants PCTs	Set up PCT Complaints Panel in East Hants PCT	Sue DK	55	Terms of Reference of Panel	
		 -by Oct 2002 Review Complaints Policy and develop complaints action plan in Fareham & Gosport PCT - by March 2003 	Fiona Cameron	\$	Copy of revised policy	
		 Develop mechanism for sharing lessons learnt from complaints across both organisations, which 	Sue DK / Fiona Cameron	11	Outline mechanisms in place - ? Notes/action plan	

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
		are timely and effective – by March 2003				
Rec: 18	To ensure all staff on Dryad, Daedalus and Sultan attend	Develop comprehensive complaints and customer care training programme for staff that links to the PALS and induction training programmes –	Sue DK / Fiona Cameron	\$	Copy of training programme	
	customer care and complaints training, which are developed with patients, relatives and staff	 by 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 	lan Reid	x	Template for CPD for medical staff/ confirmation of appraisal process/ CPD Programme on customer care	
Rec: 19	To ensure clinical governance	 Implement Quality Strategy and annual action plans in East Hants 	Sue DK	55	Copy of strategy/ annual action plan	
	development s are fully maintained and supported	e fully tained PCT – ongoing Produce a Clinical Governance Framework/Action Plan	Fiona Cameron	55	Copy of Clinical Governance Framework/Action plan	
	within Fareham & Gosport and East Hants PCTs	 PCT – by January 2003 Produce a Quality Development Plan for Fareham and Gosport PCT – by September 	Fiona Cameron	x	Copy of Quality Development Plan	
		2003 Ensure clear PCT	Ian Piper / Tony	11		

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 23/5/03	Documentary evidence of action(s) completed
point	l			L		
		structures and accountabilities for Clinical Governance - in place	Horne		Copy of Clinical Governance structure/ accountability framework	
		 Audit current reporting mechanisms to test robustness – by March 2003 	Sue DK / Fiona Cameron	5	Copy of Audit/Action Plan	
Rec: 20	To ensure all staff are aware of the requirement to complete risk and incident reports	All staff, including medical staff, are trained in the completion of risk	Ian Reid/ Fiona Cameron / Sue DK	5	Training Programme/process re: risk management forms/awareness	
		 management forms and basic risk management & awareness – ongoing Risk management training for junior doctors and new medical staff on induction 		11	Junior Doctors/ new medical staff induction programme	
		 from January 2003 Re-launch risk incident forms in Fareham & Gosport PCT - by March 2003 	Fiona Cameron	1	Copy of revised risk incident forms	
Rec: 21	To ensure systems are in place to identify and monitor	 Further develop the current quarterly quality reporting mechanism in East Hants PCT to make explicit action taken and 	Fiona Cameron / Sue DK	55	Defer to Rec. 17 above	
	trends revealed by risk reports and action is taken	 lessons learned – from October 2002 Agree process for cross organisational reporting and sharing lessons/ learning lessons – by March 2003 	Fiona Cameron / Sue DK	11	Documentation of the outline of process agreed	

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•	Review quarterly quality reporting mechanism in	Fiona Cameron			
Rec: 22 To ensure Whistle Blowing' policies across Fareham & Gosport and East Hants PCTs enable staff to raise concerns outside normal management channels	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 Work with Joint representative committee to review policy Redefine "whistleblowing" to gain greater acceptance amongst staff. Revise and approve - by June 2003 Establish a programme for investigation officer training	Sue DK / Fiona Cameron Sue DK / Fiona Cameron Jane Parvin Jane Parvin Jane Parvin Jane Parvin	x x 	Report on review and action taken and system in place for implementation Copy of audit process and programme Copy of action plan Copy of revised policy As above As above Programme of investigative officer training/update	