



Portsmouth HealthCare **NHS**
NHS Trust

GOSPORT WAR MEMORIAL HOSPITAL

**ACTION FROM COMPLAINTS AND SERVICE DEVELOPMENT WORK
1998-2001**

INTEGRATED ACTION PLAN AND PROGRESS REPORT

Prepared for Trust Board November 2001

Introduction

Between April 1998 and October 2001 there were 9 formal complaints in respect of Daedalus, Dryad and Sultan Wards at Gosport War Memorial Hospital (GWMH).

The complaint history for these three wards is as follows:

DATE	WARD	EVENT
Aug. 98	Daedalus *	Complaint Mrs. L. re care of mother Mrs. R.
Oct. 98	Dryad	Complaint Lt. Comm. F re- Mr. Cunningham
Nov. 98	Dryad *	Complaint Mr. W re Mrs. Page
Dec. 99	Daedalus	Complaint Mrs. S re Mr. S
Jan 00	Dryad *	Mrs. R and Mr. D re Mrs. Davies
Jun. 00	Sultan	Mrs. R re Mr. R.
Jun. 00	Dryad *	Mrs. B re Mrs. Gagers
Aug. 00	Sultan *	Miss W re Mrs. Willie
May 01	Sultan	Mr. P.H. re Mrs. H

Analysis of 5 of the above complaints * revealed a number of themes which formed the basis of a workshop with senior clinicians from GWMH in Feb. 2001. The themes were 'communications with relatives, attitudes of staff and fluids and nutrition'. At the workshop on the 27th February there was agreement that communication with relatives was the most significant area given its impact on relatives perceptions of the other 2 themes. A decision was therefore taken to pursue an action plan in relation to improving communications. A report by the Health Service Ombudsman, including independent medical and nursing opinion and an Independent Review Panel Report have revealed similar key issues.

These key issues have been the subject of significant development work in both policy and practice within the Trust generally and specifically at GWMH. Lessons learned from Gosport have contributed to specific policy developments which have been rolled out Trust wide.

The attached action plan combines the themes derived from the original workshop, other complaints in the period and the findings and recommendations of the ombudsman and independent review panel, with resulting actions. It should be noted that whilst the Ombudsman and the Independent Review Panel raised issues for the Trust to pursue, both were supportive of the clinical care provided.

Finally, previous developments and ongoing related development work is described where it can be seen to relate to the issues raised.

INTEGRATED ACTION PLAN AND PROGRESS REPORT

KEY ISSUE	ACTIONS	DATE	EVIDENCE
Communication with Relatives			
<ul style="list-style-type: none"> • General Recognition that current methods of communicating with relatives were not effective • Use of opiates Lack of documented evidence regarding the involvement of relatives • Documentation Complainants reported having the same conversation with more 	<ul style="list-style-type: none"> • Analysis of 5 complaints • Workshop with senior clinicians to develop action plan. • Development of patient survey • Development of policy and guidelines on the management of pain including standards for communications. • Changes to practice detailed below were the subject of ward/department meeting and handovers. • Nursing documentation now clearly 	<p>Jan. 00 Feb. 00</p> <p>May. 01 Report Jul. 01 Report Oct. 01</p> <p>May. 01</p> <p>Feb. 00</p>	<ul style="list-style-type: none"> • Analysis paper drafted Jan. 00 • Action plan issued Feb. 00 • Action plan updated Oct. 01 01 • Patient survey, results for 2 quarters Jul. and Oct. 01 and action plan. • Policy guidelines and standards ref.- CLN/P3 • A recent spot check provided evidence that these changes to practice had been adopted where appropriate.

<p>than one member of staff.</p> <p>Relatives felt they received conflicting information.</p> <p>Lack of clarity re reasons for admission.</p>	<p>identifies the NOK and the prime contact person for all communications</p> <ul style="list-style-type: none"> • Conversations with families are documented clearly identifying time, date, name of individual and relationship to patient and content of conversation. 		
Medical			
<ul style="list-style-type: none"> • Need to improve medical staffing cover • Transfer of patients requiring x ray out of hours (nearest department RHH). 	<ul style="list-style-type: none"> • Consultant ward rounds were increased from fortnightly to weekly from the 16th Feb. 99. • A full time staff grade doctor was appointed on the 30th Oct. 00 in place of the previously contracted clinical assistant sessions for weekday cover. • Consultant sessions across Fareham and Gosport were increased to support the development of intermediate care. • Explicit instructions re transfer out of hours. 	<p>Feb. 99</p> <p>Oct. 00</p> <p>Sept. 00</p> <p>Dec. 98</p>	<ul style="list-style-type: none"> • Memo to all ward staff from consultant in Elderly Medicine dated 20th Dec. 98.

<ul style="list-style-type: none"> • Prescribing practice Concern regarding the use of flexible dose 'as required' prescriptions. • Communication with relatives regarding use of opiates. 	<ul style="list-style-type: none"> • This practice ceased immediately. • Review of Prescription writing policy • Development of a Management of pain policy (including variable dose syringe driver prescription management). • The presence of a full time Staff grade doctor has meant that relatives can be seen both by appointment as before but also opportunistically when they visit. 	<p>Aug. 98 Jul. 00 May. 01</p> <p>Oct. 00</p>	<ul style="list-style-type: none"> • Policy document CLN/P2 • Policy document CLN/P3
Fluids and Nutrition			
<ul style="list-style-type: none"> • Challenges from relatives that measures to prevent and manage dehydration were inadequate. 	<ul style="list-style-type: none"> • The senior nurses and consultant believe this to be closely linked to the issue communications with relatives particularly at the end of a patients life 	<p>Nov. 00</p>	<ul style="list-style-type: none"> • Policy for prevention and management of malnutrition within Trust residential and hospital services.
Preservation of medical records			
<p>Mrs. P's records were inadvertently microfilmed early. No records were destroyed, however the Trust microfilming</p>	<ul style="list-style-type: none"> • Changes made to the list of material for inclusion in micro-filming to include observation charts 	<p>Feb. 01</p>	<ul style="list-style-type: none"> • Letter requesting observation charts added to the microfilming list and subsequent confirmation of this request.

contract did not include observation charts.			
Misplaced clothing			
Mrs. L. identified that her mothers clothing was misplaced despite family stating their desire to manage the laundry. Told that clothing sent for marking. In fact sent to laundry.	<ul style="list-style-type: none">• Clothing retrieved• Staff were reminded re the importance of care for patients belongings at team meeting and handovers• No other action. This was a genuine oversight.		

Related Developments

- **Feeding people** - A Trust wide feeding people group was set up in 1996 in response to national concern regarding the nutritional status of hospitalized patients. The group was chaired by the Operations director for the Trust, (now chaired by the Nurse Director). and had representatives from across the Trust as its' membership. The group produced a policy entitled 'prevention and management of malnutrition within Trust residential and hospital services'. This policy was the result of audit of current practice, development of standards and re-audit of the standards. Link nurses were trained for each department so that a network existed and there was a forum for sharing good practice. Link nurse meetings were established across community hospitals in 1998 with representatives from Daedalus and Dryad wards at GWMH. These link meetings ceased with the change of service manager in Mar. 00. Consideration is being given to their reinstatement.
- **Clinical Nurse Leadership Programme** - Led by the Director of Nursing this programme (which has gained national recognition), established a development path for senior nurses to facilitate the development of leadership skills, clinical effectiveness and reflection in practice. Two members of staff from GWMH attended the programme. One of these individuals has since retired and the other has moved on. However the GNP (see below) contains a significant leadership component.
- **Intermediate Care** - This was a district wide initiative with local PCG's working with their providers during 2000, to develop locally based intermediate care services. In Fareham and Gosport just over 1 million pounds development money was invested in changing the use of community hospital beds, enhancing community nursing and therapy support via a community enabling service and improving access to social care packages. Specific developments include:

Additional consultant sessions	5 in total (1 associated with GWMH)
ALERT Training Sept. 00	There is now one course a month and by end Nov. 2001 all qualified staff in Fareham and Gosport will have undergone training. ALERT is a simple technique for assessing quickly and describing effectively changes in patients conditions to provide an early warning of changes.
AED's and related training Sept. 00	Automated external defibrillators - now managed via 1 emergency number at GWMH with a team drawn from departments who are trained to respond.
Appointment of an Hgrade nurse (practice development) Nov. 00	This appointment has facilitated clarity in the nursing structure and the individual functions as a role model, nursing leader and supervisor working directly with the clinical managers

- **Gerontological Nursing Programme** - This Trust wide programme commenced in Community Hospitals in Sept. 2001. All F and G grade nurses in Fareham and Gosport

are participating. The programme was developed by the RCN in conjunction with the Trust and is specifically geared toward the principles of individual care, reflection in practice and clinical effectiveness utilizing an action learning model. It is a work based programme supported by a group of specially trained critical companions who in turn are supported by the RCN programme leads. The H grade at GWMH is one of the critical companions.

CONCLUSION

Each of the nine formal complaints received by the Trust during the period Apr. 98 - Oct. 01 was the subject of an investigation resulting in the recommendations which form the basis of the actions identified in the integrated action plan.

A number of actions are derived from more than one complaint, sometimes covering more than one ward area. Where the resulting action was of a policy nature and or seen as a common issue, the actions taken had Trust wide application. Examples of this are the policies, (management of pain, prescription writing, management of malnutrition) and the alterations to the document list for microfilming records.

In addition there are ongoing developments described above which are intended to support continuing practice development for nurses.