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CHI Recommendation	Division of Medicine for Older People Dryad & Daedalus Wards (Now - Collingwood & Ark Royal)	PHT Corporate Arrangements	PHT EVIDENCE	
1 The Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth Healthcare NHS Trust in order to develop the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should ensure an appropriate performance monitoring tool is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.	Management and leadership arrangements in the Division of Medicine for Older People (DMOP) mirror the Trust's organisational structure for service divisions. The Divisional Clinical Director is responsible for the direction and delivery of clinical care and is accountable to the Trust's Medical Director. The Divisional General Manager is accountable to the Chief Operating Officer for service delivery but is also responsible for ensuring clinical care is delivered in accordance with the requirements of Clinical Governance and is supported in this through the leadership of the Divisional Clinical Director. The Senior Management Team for the division comprises the: • Divisional Clinical Director • Divisional General Manager • Divisional Senior Nurse who provides senior clinical and strategic leadership to the Division in all aspects of governance. The Division's Management and Governance Committee meets monthly with	The Committee responsible for providing assurance in relation to quality and risk aspects of service delivery is the Governance and Quality Committee. In particular it oversees and monitors the Trust's compliance with Standards for Better Health. It receives reports on a cyclical basis from over 20 Committees, including monthly reports from service Divisions. The Committee receives a report from the Medicines Management Committee every six months. The minutes of the Governance and Quality Committee are submitted to the Trust Board and the implementation of agreed actions is scrutinised by the Trust's Audit Committee. In August 2008 the Trust established a Risk Assurance Committee to provide high level scrutiny of risks via monthly review of the Corporate Risk Register and of Divisional Risk Registers. The Committee promotes local level responsibility and accountability by service divisions and challenges risk assessment and risk assurance arrangements. This Committee is also responsible for overseeing the development plan to support the achievement of Level II accreditation of NHSLA risk management standards. In December 2008 the Trust established the Clinical Standards and Quality Board. This is	Governance and Quality Committee Terms of Reference	Governance and Quality Committee 1
			PHT Committee Structure to support Risk Management	PHT Committee Structure
			Risk Management Strategy	PHT Risk Management Strateg'
			Trust Risk Assurance Committee Terms of Reference	RAC ToR
			Joint Clinical Quality Review Meeting Terms of Reference	Joint Clinical Quality Review Meeting ToR
			Governance Strategy	PHT Governance Framework June 200'
			Adverse Events and near Misses (including SUI) Policy	Adverse Events and Near Misses (inc. SUI'

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	a combined focus of operational and financial performance and a focus on quality and risk aspects of service delivery. The division has a number of governance sub groups which report on a cyclical basis on quality and risk and in accordance with a fixed agenda structured around the Core Standards for Better Health.

The Division of Medicine for Older People has a dedicated Risk Manager who is responsible for reviewing all the division's risks, promoting active risk assessment and management and for reviewing the divisional incident reports for specific themes or emerging areas of concern.

Serious Untoward Incidents are those which result in an unintended and serious or fatal outcome. These are dealt with in accordance with the Trust's SUI policy and are the result of extensive investigation to determine root cause. The risk manager is responsible for ensuring the implementations arising from a Serious Incident Investigation are implemented. | chaired by the Medical Director and is responsible for ensuring programmes of work are in place or introduced to ensure clinical services are delivered in accordance with national best practice, including NICE guidance, Technology Assessment Guidelines and national care strategies. This Board can escalate issues of concern where assurance cannot be provided for a particular standard of care. The Board is also responsible for directing and monitoring progress in relation to the Trust's Patient Safety Programme, within which is included Safe Management of Medicines.

Since April 2008 direct external scrutiny of the Trust is undertaken through the Primary Care Commissioning Contracts which performance manages the Trust against clinical activity and against quality as reflected in specific quality targets that the Trust is required to meet. Quality aspects of care are closely reviewed through the Clinical Quality Review Group (CQRM) on which are represented Hampshire and Portsmouth City Primary Care Trusts and Portsmouth Hospitals NHS Trust.

It is also the meeting at which all elements of the PHT delivery of services under the schedules | Adverse Incident Reporting Form and Statement Form | Adverse Incident Reporting Form and S |
			Risk Assessment Policy and Protocol	Risk Assessment Policy and Protocol
			Risk Assessment Hazard Inventory	Risk Assessment Hazard Inventory
			DMOP Management and Governance Committee ToR	"MGC TORs.doc"
			DMOP Management and Governance Committee minutes	"M&G Commitee Min: 30.10.08.doc"
			DMOP Management and Governance Committee reporting scheduled	"MGC rolling programme of Report

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	The Risk Manager is responsible for escalating issues as appropriate to the Trust Risk Assurance Committee. The Division is subject to monthly performance review with the Trust's Executive Management Team and a quarterly report is submitted to the Trust's Governance and Quality Committee.	within the contract are brought together to examine the quality, responsiveness and patient experience of the provided services. Any areas of concern are raised through the CQRM. Schedule 12 within the contract details the requirement for the reporting of Serious Untoward Incidents and subsequent investigation.	DMOP Performance Reports to EMT	"DMOP Mnth 6 08 Exception report.doc" "DMOP Mnth 6 08 Exception report.doc"
			DMOP Governance Report to Trust Governance and Quality Committee	DMOPs G&Q report November 2007 DMOPs G&Q report February 2008 DMOPs G&Q report July 2008 DMOPs G&Q report November 2008
			DMOP Divisional Risk Register	"Risk register 2nd quarter(1).xls"
			DMOP Risk Manager Job Description	"Divisional Risk Manager Nov 07.doc"

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2	The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.	Sultan Ward is managed by Hampshire PCT and the admission criteria were reviewed and revised in Feb 07 when the clinical model changed from GP Community Hospital beds to 'step up' intermediate care.		DMOP Risk Report to M&GC Nov 08	"M and G risk report Nov 08.doc"
3	The East Hampshire PCT and Fareham and Gosport PCT should review all local prescribing guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards.	PHT policy and protocol for the management of medicines, including prescribing was last revised in 2008, in line with national standards and guidelines, and likewise the policy for controlled drugs management. These are available to all staff via the intranet. Prescribing guidelines are informed and reviewed by the District Medicines & Formulary Committee.	In March 2008 the Trust was assessed against the NHSLA Risk Management Standards at Level 1. Medicines Management forms one of the 50 standards contained within these standards. The standard for Medicines Management was fully compliant.	NHSLA Assessment March 2008	NHSLA Level 1 Assessment report M:
			The Pharmacy department has a full Intranet site containing full drug therapy guidelines/paediatric drug therapy guidelines and renal drug therapy guidelines. These are accessed either directly through the Pharmacy Intranet site, or through the main 'policies and guidelines' section of the Intranet.	NHSLA Risk Management Standards overview	NHSLA Risk Management Standar
				Policy and protocol for Medicines Management	Policy and Protocol Medicines managemei
			The Trust has a Medication Safety Committee and Formulary and Medicines Group (also access to District Prescribing Formulary).	Controlled Drugs Policy	Controlled Drugs Policy
			Following the appointment of a Chief Pharmacist in May 2008 the governance arrangements for medicines management have been subject to review and a new draft structure is currently the subject of Trust wide consultation.	Formulary and Medicines Group Terms of Reference	Formulary & Medicines Group ToR
			The Chief Pharmacist is a member of the	Area Prescribing Committee Annual Report 2007-08.	Area Prescribing Committee Annual Re

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			Clinical Standards and Quality Board and is professionally accountable to the Medical Director.	Trust Medication Safety Committee ToR	Medication Safety Committee ToR
				Medicines Management Committees – current and revised committee	Medicines Management Structur
4	The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in case mix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.	These two wards are now covered by Portsmouth Hospitals NHS Trust pharmacy services, based at Royal Hospital Haslar. Pharmacy services to these wards were increased following the transfer of DMOPS services from the Primary Care Trust to the management of Portsmouth Hospitals NHS Trust. Pharmacy cover consists of weekly visits, which include clinical screening of charts. The Divisional Pharmacist has an open invitation to attend the Divisional Management and Governance Committee and/or raise any agenda items. A report is required to be provided to the Committee every six months	The scope of services provided through the Division of Medicine for Older People is described in the Corporately medicines management and the reduction of medication errors is a key work-stream in the Trust's Patient Safety Programme and is also the subject of a nurse led programme within the Nursing Strategy's Clinical Priorities work-stream.	Nurse led Clinical Priorities Group programme	
				Clinical Priorities work streams 2008	Clinical Priorities Workstream 2008
5	As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of	The pharmacist reviews prescribing practice during the weekly ward visits to GWMH. Immediate action is taken to address any anomalies in liaison with staff on duty.	The Medication Safety Committee reviews medication audits and identifies areas for improvement or where there is concern. The Trust has a system to respond and implement	DMOPS Medication Errors Group ToR	"Medicines Errors Reveiw Group TORS -

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	all medicines on wards caring for older people. This should include a review of recent diamorphine prescribing on Sultan ward. Consideration must be given to the adequacy of IT support available to facilitate this.	The Division has a dedicated Pharmacist for Older People who oversees all service provision for DMOP. Also DMOP has its own medication errors group where all Adverse Incident Reports relating to medication errors are reviewed.\n\nThe Division also has a reflection form that each member of staff involved in making a medication error is required to complete with their line manager.	safety recommendation from the MHRA through its governance processes, including monitoring.	DMOP Medication Errors Group minutes	"Medicines Errors Review Group Meetin
				DMOP Reflection Form	"Meds errors reflective sheet.doc"
				Medication Errors report to Governance and Quality Committee September 2008	Medication Errors G&Q Committee Sept
6	The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription, administration, review and recording of medicines for older people.	All new recruits attend the Trust induction programme for registered nurses: this covers medication issues in detail. Further training is provided annually and when review of medication errors indicates that this is needed.\n\nThe Divisional Pharmacist attends the DMOPS Junior Doctor induction programme.\n\nThe Director of Education is responsible for supervising the medical training grades and will use examples of medication errors as case studies to support junior doctors and to raise awareness.	The Trusts 2008 Essential Training Matrix shows that Medicines Management training should be completed by all clinical staff, on an annual refreshed basis.\n\nThe training is linked to the Medicines Management Policy and is also available through an e-MOT (a short on-line assessment which will indicate knowledge of the subject).	Copy of Junior Doctor Induction Programme	"Programme Wed 6th Aug 08.xls"\n\n"August 2008.doc"
				Copy of Trust induction Training Programme for registered nurses	"RNI0035 dec programme.doc"
				Essential Training Matrix 2008	Essential Training Matrix

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7	All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The Fareham and Gosport PCT and East Hampshire PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.	The Divisional General Manager and / or the Divisional Senior Nurse personally review all complaints. General learning points are disseminated via matrons, ward sisters meetings and consultant meetings where appropriate. The Divisional Management and Governance Committee now review quarterly complaints reports and there is an action planning/audit process, which is overseen and monitored by the Divisional Risk Manager.	Complaints, Litigation, Incidents and PALS (CLIP) reports are available on the Intranet for all staff to access. Where a complaint reveals a potential incident, this is investigated in accordance with the Trust's incident reporting policies	Copy of DMOP red peril action plan.	"example red peril.doc"

				CLIP Reports	CLIP full report September 08
					
					  CLIP Exec Summary Apr-June 08
					
					  CLIP Exec Summary Jan-March 08
					
					  CLIP full report June 2008
					
					  CLIP full report March 08
					
					  CLIP full report December 07
					
					  CLIP Exec Summary Oct-dec 07

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					CLIP full report September 07
					CLIP Exec Summary June-Sept 07
					CLIP Exec Summary April-June 2007
					CLIP full report March 07
				Minutes of DMOP sisters forum meetings.	"Minutes Oct 08 and agenda Nov 08.doc"
8	Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing	The ward nurses are trained in swallow assessments, and a speech and language therapist SLT)recently reviewed the training needs of the staff on Dryad and Daedalus Wards

All patients admitted with Stroke are risk | The Trust introduced an acute stroke pathway approx 3 months ago. The pathway includes a revised dysphagia screening tool developed by SLTs. Some training has taken place but current high activity levels have challenged the ability to train all staff. A stroke coordinator screens new stroke patients and many of the experienced nurses have been trained to screen. There is | Risk Assessment documentation | ✓ As detailed previously. |
| | | | | Acute Stroke Pathway | Acute Stroke Pathway |

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assessments to ensure that there are no delays out of hours.	assessed for problems with swallowing (dysphagia). Stroke patients are admitted from the waiting list are placed on the Stroke pathway and will have had their swallow screened and care plan as appropriate. The Principle Speech and Language Therapist within Collingwood Ward has recorded that staff are competent in patients who present with swallowing difficulties. All staff can access introductory training for patients with swallowing difficulties.	high dysphagia awareness amongst all stroke staff. The recent changes to the stroke service will ensure more patients will be managed within the Acute Stroke Unit than previously. This change only occurred at the beginning of November 2008. A Sentinel audit from 2006 showed 60% patients screened for dysphagia in less than 24 hours. The 2008 audit has recently been completed (first 60 stroke patients admitted after April 1st 08 and so before changes to stroke service) and results due late Jan/early Feb. There will be an annual audit for the next two years including a prospective national database being developed to start next year.	Stroke key indicators	Key Indicators
9 Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.	These wards now longer provide continuing care or slow stream rehabilitation but provide focussed rehabilitation and the length of stay is greatly reduced from the time of the CHI review. The role of activities coordinator has been integrated with the nursing team. The activities undertaken by both therapy and nursing staff are focused on the activities of daily living, rather than social engagement. Patients undergoing stroke rehabilitation undertake gardening and cooking as part of their occupational therapy	No corporate issues to note.		
10 F&G PCT must ensure that all local continence management, nutrition and hydration practices are in line with the	Essence of Care framework is a tool to support the delivery of basic nursing care focused around the activities of daily living. The Essence of Care Framework forms the basis of the nursing assessments conducted on admission, which in turn informs care	Essence of Care audits are being undertaken on a regular basis and form part of the PCT Contract against which we are monitored (as detailed in no.1 above).	DMOP assessment and care planning documentation examples	"Admission assessment record2.c

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national standards set out in the *Essence of Care Guidelines.*	plans. .			"Care plan continence bladder.d("nutritional assessment tool.doc"
11 Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.	Divisional Team Briefings, and the Trust Team Briefings are distributed monthly. Clinical staff receive feedback from monthly sisters' forum and feedback received via Management and Governance Committee.	Portsmouth Hospitals NHS Trust has recently expanded its communications team and there is a dedicated internal communications manager to support this recommendation. All staff receive the Trust's news bulletin "LINK" each month and a formal Team Briefing is provided each month to ensure that key messages reach front line staff. Team Brief emanates from the Chief Executive and the Board and it is expected that as well as the information provided, local information appropriate to the ward, department or speciality also be added. Key areas of focus are quality of service, environmental changes and changes to service provision. The Link also contains information on training and highlights new policies.	Copy of divisional monthly briefing	"DMP TB Nov 08.doc'
12 Within the framework of the new PALS, PCTs should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to	The Division has its own Patient Experience Group, chaired by the Divisional Senior Nurse, where experiences are shared. The Group is canvassed for views on service development and proposals. The Division is currently piloting patient questionnaires. The service model is person centred and care plans reflect this and, particularly in a rehabilitation ward, are	The Trust has recently appointed a Head of Patient and Public involvement who is leading on a number of major exercises to improve communication with patients, relatives and other service users, and to seek their views on the services provided. This is linked to the PCT Contract as referred to previously. The Trust has published a Customer Care Strategy. The Trusts 2008 Essential Training Matrix	ToR Patient Experience Group Have PEAG ToR which were agreed at G&Q, but not Division's own	
			DMOP PEG Minutes	"Minutes 040908.doc"

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	improve communication with older patients and their relatives and carers.	based around the goal agreed with the individual and his/her family as appropriate. Many elderly people have mental health problems and the division has been instrumental in the development of a training package on the management of challenging behaviour in older people, and a Trust wide project to improve staff skills in this area has been launched. In addition a proposal has been developed to provide improved links with mental health and learning disabilities services	shows that Incidents, Complaints and Claims training should be completed by all staff, on two yearly refresher basis. The training is linked to the appropriate policies and is also available through an e-MOT (a short on-line assessment which will indicate knowledge of the subject). The Trust has a Mental Health Issues Group which is driving work-streams across a number of areas, including Learning Disability, Adult Mental Health and Older Person's Mental Health.	DMOP Patient Survey Results	"PSQ - DMOP - Dashboard Cedar Wa
				DMOP Stroke work examples	"Stroke Services Feedback Form.xls"
				Challenging behaviour project	"poster for Difficult Disturbing and Dange "ChaB project plan (team dev)15.9.06.dc "Mental Health and LD Liaison Services pi
				Customer Care Strategy	Not available – still being finalised
				Essential Training Matrix 2008	✓ As detailed previously.
13	The provision of out of hours medical cover to Daedalus, Dryad and Sultan wards should be reviewed. The deputising service and PCTs must work	The out of hours cover is provided by a GP service commissioned by the PCTs, with Portsmouth City PCT managing the service. An Older Person's Consultant is on call out of hours to provide advice to the ward staff and the GP Out of Hours Service. Likewise,	Duty Manager Guidelines are available on the Intranet. There is a Service Specification for the Primary Care Out of Hours Service which provides a comprehensive urgent care service for the populations of Portsmouth City PCT and the S E	Duty Management Guidelines	Duty Manager Guidelines (Index Pac

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towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework.	the DMOP Specialist Registrar at St Mary's Hospital in Portsmouth is always available to give advice.	Hampshire locality. The service has a main base at the Drayton Surgery, Portsmouth and one satellite site for base visits at Gosport War Memorial Hospital. The specification includes a requirement to comply with the national DoH governance requirements and the OOH service is monitored via the OOH's Professional Advisory Committee. Handling of serious untoward incidents occurring within the OOH will be in accordance with PHT's policy which reflects the requirements of the SCSHA. Medicines Management arrangements are included in the Service Specification and confirms that the service will ensure prescribing follows the requirements laid out by Portsmouth City PCT. The OOH will ensure that medicines prescribed comply with the agreed formulary and in accordance with the Medicine Management Policy, particularly as it relates to the management of controlled drugs.		
14	The Fareham and Gosport PCT and East Hampshire PCT should ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.	The model of care is now more clearly defined to reflect the provision of rehabilitation services and the intended outcomes for patients admitted. There are clear admission criteria within the operational policies for these wards for these wards. There is an electronic waiting list containing personal details of each patient enabling on line review. A pre-admission assessment is undertaken. DMOP has developed a flow chart for	The Trust has produced a Clinical Services Directory giving full details of all the services offered. As mentioned previously Duty Manager Guidelines are available on the Intranet.	Rehab Flow chart - bed pressures	 "Rehab beds - pull cap.doc"
				Operational policies for Collingwood and Ark Royal Wards	 "Ark Royal Operational Policy (1)"

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		finding the most suitable patients to be admitted to these beds in times of pressure on beds.			"Collingwood Operational Policy up
				Copy of rehab assessment form	"Rehab assess form.xls"
				Clinical Services Directory	Not yet available electronically – hard copies only.
15	Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	Both ward sisters have had leadership development, and are supported by a strong senior nursing team consisting of a Divisional Senior Nurse, a modern Matron and a number of nurse specialists e.g. falls prevention and care transfer. The DSN has a key part to play in delivery against the Trust Nursing Strategy	Trust Nursing Strategy published in 2008 and implementation reported to Board. Corporate Nursing Team provides support to a number of work streams and is leading on Releasing Time to Care initiative and Developing Care for those with cognitive and/or mental health and learning disabilities.	Clinical Priorities work streams 2008	✓ As detailed previously.
				Nursing Strategy June 2007	Nursing Strategy June 2007
16	The Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs.	This medical model is no longer in use. There is now medical presence on site Monday to Friday 9am to 5pm: each ward has a dedicated junior doctor (in training), supported by full time Associate Specialist. Each ward now has two consultant ward rounds per week. Supervision and appraisal processes are in place for doctors of all levels. In addition the Division always has a consultant on call, who is able to give advise to the ward staff or to the GP Out of Hours Service. Likewise, the DMOP Specialist Registrar at St Mary's Hospital in			

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		Portsmouth is always available to give advice.			✓
17	Fareham and Gosport PCT and East Hampshire PCT should ensure that the learning and monitoring of actions arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.	See 7 above	Learning from Complaints is through feedback to divisions and through Quarterly Complaints, Litigation, Incidents and PALS reports to Board. Complaints	PALS Reports	✓ As detailed previously.
18	Both PCTs involved in the provision of care for older people should ensure that all staff working on Dryad, Daedalus and Sultan wards who have not attended customer care and complaints training events do so. Any new training programmes should be developed with patients, relatives and staff to ensure	The Trust has a package of training for staff, which includes customer care, complaints and death of a patient. There are clear expectations about essential training and additional training is arranged when there is an identified need.	The Customer Care Strategy includes a programme of training in customer care. The Trust is introducing the model of complaints handling identified in Making Experiences Count and has developed a Customer Service Approach which encompasses PALs referrals, complaints handling and proactive activity via focus groups. The Trust is active in working with relatives where care has not been optimum to use their experiences to feedback and education staff. The Trust has recently launched a Privacy and Dignity Charter and the launch event included a	See essential training matrix in 6 above DMOP essential training report	"081105 Chart 1st & 2nd Quarters 2008-0!

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that current concerns and the particular needs of the bereaved are addressed.		presentation by a carer who had cause to complain about aspects of care provided to her relative. This carer is now on the Privacy and Dignity Steering Group.		
19 The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.	See 1 above Serious incidents are investigated via Route Cause Analysis and in accordance with the Trust's policy for investigating serious untoward incidents as indicated earlier. Route Cause Analysis is undertaken for all occurrences of MRSA bacteraemia and and C Diff. All related reports are reviewed by the divisional risk manager and senior nurse, and by the Management and Governance Committee.	As indicated , the Governance and Quality Committee is the vehicle through which the Board is assured that clinical governance is implemented and implicit within service delivery. As indicated the work of the Governance and Quality Committee is scrutinised by the Audit Committee. This is further assured via a regular programme of internal and external audits of Trust processes of assurance. All Serious Untoward Incidents (including infection control) are reviewed by the Trust's Serious Incident Review Group, chaired by the Medical Director.	Governance and Quality Committee ToR	Governance and Quality Committee To
			Audit Committee ToR	Audit Committee ToR
20 All staff must be made aware that the completion of risk and incident reports is a requirement for all staff. Training must be put in place to reinforce the need for rigorous risk management	There Trust has an explicit system for recording and monitoring adverse incidents. The Divisional Risk Manager reviews and signs off every DMOP incident. There is a DMOP Health and Safety Action Plan which details the annual health and safety training needs	As indicated, the Trust's 2008 Essential Training Matrix shows training in relation to Risk Assessment should be undertaken by all staff, on a one-off training basis (available through on-line training and is linked to the Risk Assessment policy. There is also specific Risk Management training available to all staff in bands 7 and above, this is on a two yearly update basis and is linked to the policy. The National Reporting and Learning System identifies the Trust has a good reporting culture.	Essential Training Matrix 2008	✓ As detailed previously.
			DMOP Health and Safety Plan	"DMOP Health Safety Plan 2008-9.c
			Risk Assessment documentation	✓ As detailed previously.
21 Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to	As indicated, the DMOP Management & Governance Committee meets every month, and risk is a standing item which enables members to raise any risk issues or trends that they have become aware of.	The Trusts 2008 Essential Training Matrix shows specific training in relation to Root Cause Analysis for all staff in bands 7 and above, this is one off training. There is also specific Strategic Risk Management Training for all managers and board managers as a two yearly	Essential Training Matrix 2008	✓ As detailed previously.

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	ensure that appropriate action is taken.	The DMOP risk register is regularly and scrutinised by the Trust's Risk Assurance Committee. The risk report produced by the Risk Manager for this Committee uses charts and "top ten reported" incidents tom help trend identification and analysis See item 1 above	update, again linked to the policy.		 "M&GC agenda 30 Oct 08.doc" "STANDING AGENDA FOR M-G committee (
22	The Fareham and Gosport PCT and East Hampshire PCT should consider a revision of their whistle blowing policies to make it clear that concerns may be raised outside of normal management channels.	The Whistleblowing Policy was updated on 23rd January 2007 - and clearly states that concerns may be raised outside of normal management channels. DMOP has recently been subject to an investigation following receipt of a "whistle blowing" letter from an ex-member of staff. A 17 point action plan is being developed as a result.	There are posters relating to Whistle blowing situated around the Trust. A Whistle blowing leaflet has been sent to all staff with their payslips. The Whistle blowing leaflet is sent to all new staff in their starter packs. .	Whistle blowing policy	 Whilste blowing policy
				Whistle blowing poster	 Whistle blowing poster
				Whistle blowing leaflet	 Whistle blowing leaflet

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Contextual Information

Implementation of the Recommendations

Following publication of the Commission for Health Improvement (CHI) report a GWMH CHI implementation group was established, involving both Fareham and Gosport and East Hampshire PCTs. The group met regularly until all the recommendations had been implemented, and made regular reports to the PCTs' boards. In 2004, after implementation was complete, the monitoring of the services and changes made was formally handed over to the Clinical Governance Committee of Fareham and Gosport PCT

Organisational changes

The management of the services involved in providing care on Dryad and Daedalus Wards has changed over the years. When the Healthcare Trust was in existence (April 1994 until April 2002) it managed the GWMH site. It also managed and provided clinical services within GWMH, with the exception of Sultan Ward, which was a GP run ward and was funded and managed separately. The Healthcare Trust was split into clinical and geographical divisions and one division, Medicine for Elderly People (now known as DMOP) provided inpatient services for older people in dedicated wards at St Mary's Hospital (SMH) and Queen Alexandra Hospital (QAH) and the consultant cover on Dryad and Daedalus Wards. However, the Gosport and Fareham geographical division managed GWMH and the nursing services on Dryad and Daedalus wards. As both divisions were managed by the one organisation, they worked to common policies and procedures.

In April 2002 the Healthcare Trust was dissolved and East Hants PCT, Fareham and Gosport PCT and Portsmouth City PCT were established. The Medicine for Elderly People division was made transferred to East Hants PCT, but the services at GWMH were transferred to Fareham and Gosport PCT. This meant that the medical service for Dryad and Daedalus wards was with East Hants PCT, and the management of the nursing services at GWMH with Fareham and Gosport PCT.

In October 2006 Medicine for Elderly People, by now referred to as the Division of Medicine for Older People, (DMOP) transferred into PHT. At this time the nursing and administration team for Dryad and Daedalus were transferred into DMOP and thus also became part of PHT. In other words from October 2006 for the first time the whole clinical service on Dryad and Daedalus (medical, nursing and administration) was managed by one division within one organisation.

Clinical Model Changes

At the time of the CHI review Dryad was a continuing care ward and Daedalus had 16 continuing care beds and 8 slow stream rehabilitation beds. Both wards have been dedicated solely to rehabilitation since 1st September 2004 The Monday to Friday 9am to 5pm medical cover has been provided by SHOs, supported by a staff grade/associate specialist since 5th February 2003. In summer 2007 these two wards were temporarily decanted to Royal Hospital Haslar, during a period of refurbishment of GWMH - they returned to the War Memorial Hospital in September 2008, but to Ark Royal and Collingwood Wards.

Appendix

1 - Governance and Quality Committee Terms of Reference

2 - PHT Committee Structure to support Risk Management

3 - Risk Management Strategy

4 - Trust Risk Assurance Committee Terms of Reference

5 - Joint Clinical Quality Review Meeting Terms of Reference

6 - Governance Strategy

7 - Adverse Events and near Misses (including SUI) Policy

8 – Adverse Incident Reporting Form and Statement Form

9 - Risk Assessment Policy and Protocol

10 - Risk Assessment Hazard Inventory

11 - DMOP Management and Governance Committee ToR

12 - DMOP Management and Governance Committee minutes

13 - DMOP Management and Governance Committee reporting scheduled

14 - DMOP Performance Reports to EMT

14 - DMOP Governance Report to Trust Governance and Quality Committee

15 - DMOP Divisional Risk Register

16 - DMOP Risk Manager Job Description

17 - DMOP Risk Report to M&GC Nov 08

18 - NHSLA Assessment March 2008

19 - NHSLA Risk Management Standards overview

20 - Policy and protocol for Medicines Management

21 - Controlled Drugs Policy

22 - Formulary and Medicines Group Terms of Reference