

| CHI Recommendation | CONFIDENTIAL Current Position - Dryad and Daedalus Wards (Portsmouth Hospital NHS Trust) |
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| | <p>There has been much change to organisational responsibilities and clinical models since the events that led to this review, and since the review took place in 2001/02. At the time of the 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 Septemeber 2004. These wards transferred into Portsmouth Hospitals NHS Trust in October 2006, becoming part if the Division of Medicine for Older People. The Monday to Friday 9am to 5pm medical cover has been provided by SHOs, supported by a staff grade/associate specilaist 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 are due to return to the War Memorial Hospital in September 2008, but to Ark Royal and Collingwood Wards.</p> |
| 1 | <p>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.</p> <p>The Trust has strong quality and governance systems for assessing and managing risk. Regular Divisional reports are made to the Trust Quality and Governance Committee, based on the Standards for Better Health. The Division of Medicine for Older People is recognised within the Trust as having very strong clinical and management leadership. Performance shortfalls are identified through various monitoring systems, through complaints and through adverse event reporting</p> |
| 2 | <p>The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.</p> <p>N/A ward managed by Hampshire PCT</p> |
| 3 | <p>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.</p> <p>PHT policy and protocol for the management of medicines, including prescribing was last revised in 2008, and likewise the policy for controlled drugs management. These are available to all staff via the intranet.</p> |
| 4 | <p>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.</p> <p>These two wards are now covered by PHT pharmacy services, based at Royal Hospital Haslar - the service has been increased since the wards transferred from the PCT to PHT. This support will continue when the wards transfer back to GWMH. This cover consist of weekly visits, which include clinical screening of charts.</p> |
| 5 | <p>As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of 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.</p> <p>Prescribing is reviewed on every ward during the regular pharmacy visits.</p> |
| 6 | <p>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.</p> <p>This is covered in the induction programme for nurses ad junior doctors. Nursing annual training requirement includes an update. Further training is provided when medication errors indicate that this is needed.</p> |

05/09/2008

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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. | All complaints are personally reviewed by the Divisional General Manager and /or the Divisional Senior Nurse. General learning points are disseminated via matrons, ward sisters meetings and consultant meeting where appropriate. Quarterly reports are now reviewed by the Divisional Management Team and an action planning/audit process is currently being revised. |
| 8 | Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours. | The ward staff are trained in assessing swallow, and their training needs were recently reviewed by the Speech and Language Therapists |
| 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. | The role of activities coordinator is now integrated with the nursing team since the change to rehabilitation rather than continuing care. |
| 10 | F&G PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the <i>Essence of Care Guidelines</i> . | Essence of Care framework is the basis of the care plans used on these wards |
| 11 | Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust. | Staff receive regular a Trust "LINK" Newssheet and monthly Trust Briefing. A Divisional monthly Briefing has just been relaunched and the first version of a 2-3 monthly good news magazine was also recently published. |
| 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 improve communication with older patients and their relatives and carers. | 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. |
| 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 towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework. | The out of hours cover is provided by a GP service commissioned by the PCTs, with Portsmouth City PCT managing the service |
| 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. | There are clear admission criteria for these rehabilitation wards and pre-admission assessment is carried out |
| 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.. |

6/19/2018

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| 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 and supervision and appraisal processes are in place for doctors of all levels. |
| 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 |
| 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 that current concerns and the particular needs of the bereaved are addressed. | The Trust has a robust package of training for staff, including customer care and complaints. There are clear expectations about essential training and additional training is arranged when there is an identified need. |
| 19 | The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust. | The Trust has robust arrangements in place for quality and governance - see 1 above |
| 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 is a robust system for recording and monitoring risk events, and every report is reviewed by the Divisional Risk Manager. There is a Health and Safety Action Plan which details the annual health and safety training needs |
| 21 | Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to ensure that appropriate action is taken. | There are robust systems in place to identify risks and perform root cause analysis for serious untoward incidents. The Divisional Risk Manager is to begin producing quarterly reports for the Divisional Governance Committee on the top ten type of reported incidents |
| 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 Trust policy was last updated on 23rd January 2007 - and clearly states that concerns may be raised outside of normal management channels |