

## CONFIDENTIAL

	CHI Recommendation	Complete/ In progress/ Not started	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.	Complete	Gerontological programme delivered in conjunction with the RCN. Attended by G and F grade staff, for cascade down to their teams. Skills of nurses improved - cannulation, administration of IV drugs, and venepuncture are now universal skills. Two wards are now managed by PHT, with <b>strong quality and governance systems for assessing and managing risk. Regular reports are made to the Trust Quality and Governance Committee</b>
2	The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.	Complete	Admission criteria revised several times. Now beds are used as step-up beds with a GP lead. There are daily ward rounds.
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.	Complete	Prior to establishment of Hampshire PCT we had a shared medicines policy with PCT and PHT. This can be accessed via the link G:\Medicines Management Team\Provider pharmacy services\policy Hampshire PCT. <b>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</b>
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.	Complete	Pharmacist was employed to work 4 days a week at GWMH - providing a full clinical pharmacy service to the wards. <b>Two wards now covered by PHT pharmacy services with support currently provided from Royal Hospital Haslar.</b>
5	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.	Complete	Pharmacist was employed to work 4 days a week at GWMH - providing a full clinical pharmacy service to the wards. As part of this work audits were carried out

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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.	Complete	A training programme was put in place. Programme can be found at G:\Medicines Management Team\Provider pharmacy services\reports and audits\community hospitals\medicines management roadshow
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.	Complete	All complaints are put through the same procedure, with a meeting to discuss what went wrong, and an action plan drawn up. All complaints go to the ward concerned so they can learn from it. PHT wards have action learning process and system for dissemination of learning via monthly sisters meeting



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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.	Complete	Following the CHI report three nurses were trained in swallowing assessments. Now better SALT input to ward, and no OOH admissions so no issue. Stroke ward nurses are trained for swallowing assessments, and can help. They are PHT staff. <i>PHT ward staff trained in assessing swallow, training needs recently reviewed by SALT</i>
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.	Complete	The activities co-ordinator is employed by PHT, although she covers Sultan ward as well. Wards managed by PHT have a different function now (rehab) and patients stays are much shorter, thus their needs have changed. <i>There is still an activities coordinator but this role is now much more integrated into rehab care.</i>
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> .	Complete	There are assessment tools which are applied to all patients on admission regarding both nutrition and continence. There is a continence link nurse on each ward. <i>EOC framework is the basis of the care plans used on the PHT wards</i>
11	Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.		<i>Difficult to communicate with staff employed by different employers. Who to ask? PHT staff receive regular Trust LINK Newsheet and Trust Briefings, plus Divisional updates too.</i>
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.	Complete	PALS office is based in Basingstoke, and provides full professional support. <i>PHT have recently appointed a Head of Patient and Public Involvement who is leading on a number of major exercises to improve communication and seek user views</i>

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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.	Complete	The services in place at the time of the investigation have changed. Dryad and Daedalus wards run by PHT. There are Registrars and F2s on those wards. Rehab and stroke services have moved to Ark Royal and Collingwood, and are managed by PHT. <i>Ask Lesley Humphrey to look at this.</i> Sultan ward is run by HPCT, and it is covered by an OOH service provided by GPs. <i>PHT wards covered in hours by junior doctors supported by an associate specialist, plus visiting consultants. The out of hours cover is provided by a GP service commissioned by the PCTs</i>
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.	Complete	As above. The admission criteria are much tighter, and there is much more medical support.
15	Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	Complete	Senior nursing staff have all been appointed since the publication of CHI report, who are better trained than their predecessors. Nurses attend more courses now, and a new leadership course starts Autumn 2008 for band 7/8a staff. <i>Both PHT ward sisters have had leadership development, and are supported by a strong senior nursing team.</i>



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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.	Complete	There are no longer any clinical assistants on the wards. The GPs running Sultan ward have regular appraisals in line with national requirements.
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.	Complete	This procedure is integral to the handling of complaints. The action plans arising from complaints are fully auditable and are followed up.
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 HPCT staff training matrix is available for inspection and a customer care course is regularly provided. <i>To ask Lesley Humphrey for PHT staff training info. PHT staff have access to a full range of training, including customer care</i>
19	The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.	Complete	The PCT has full clinical governance arrangements in place covering GWMH. <i>PHT has robust arrangements in place for quality and governance</i>
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	Complete	This is done. Staff enter the risk information on DATEX database, which would provide evidence. <i>PHT have a robust system for recording and monitoring risk events on the DATIX system</i>
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.	Complete	Minutes of Clinical Governance Committee available as evidence that this happens.
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.	Complete	F&G whistleblowing policy Nov 2003, updated 2004. HPCT whistleblowing policy HRI/P&P.19/V1.00, last updated September 2007