

CHI Recommendation	Hants Partnership NHS Trust
<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 Directorate reports are made to the Trust's Clinical Governance & Risk Committee, based on the Standards for Better Health. Performance shortfalls are identified through various monitoring systems, including complaints, claims, PALS referrals incidents and Serious Untoward Incidents</p>
<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>CMW to check with Martin Le Good</p>
<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>Awaiting response from Ross Mitchell (via Ruth)</p>
<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>Awaiting response from Ross Mitchell (via Ruth)</p>
<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>Awaiting response from Ross Mitchell (via Ruth)</p>
<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>Awaiting response from Ross Mitchell (via Ruth)</p>
<p>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.</p>	<p>CMW to check with Martin Le Good</p>
<p>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.</p>	<p>HPT has a clinical policy CP 45 Dysphagia (Swallowing Disorder) Policy issued in Nov 05 and revised in June 07 (next review is June 2010). Policy includes risk assessment, competencies checklist for staff, personal post registration training log and audit</p>
<p>should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.</p>	<p>CMW to check with Martin Le Good</p>
<p>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>.</p>	<p>Regular Directorate reports are made to the Trust's Clinical Governance & Risk Committee, based on the Essence of Care Standards</p>

11 Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.	CMW to check with Martin Le Good: Core Brief, HP Source (Staff newsletter), Team and Locality Meetings?????
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.	Awaiting response from Caroline Shell (OPMH lead for opmh on user involvement structures. Moorgreen.
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.	CMW to check with MLG what on-call system applies. ? Relevance to HPT?
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.	Check Admissions Procedure and discuss with MLG
15 Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	Discuss with MLG and perhaps Kpage?
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.	N/A for HPT (according to RL and CMW)
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.	Discuss with MLG
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.	Awaiting response from Allan Jolly
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 clinical governance arrangements in place, which are monitored annually via internal audit
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 Trust's Risk, Health & Safety Advisor. There is a Risk Training Needs analysis matrix, and training is available to staff via the Trust's website, uptake of risk training is monitored by the Trust's Management Team
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 Directorate provides quarterly risk reports to the Trust's Clinical Governance & Risk 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 Trust has a policy HRP 1: Voicing a Concern (version 4) last reviewed Aug 07 and next due for review Aug 2010 which makes it clear that concerns may be raised outside of normal management channels.

CHI Recommendation	HantsPT Response
<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 Directorate reports are made to the Trust's Clinical Governance & Risk Committee, based on the Standards for Better Health. Performance shortfalls are identified through various monitoring systems, including complaints, claims, PALS referrals incidents and Serious Untoward Incidents</p>
<p>1 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</p>
<p>2 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>Emailed Ros Mitchell for response by Fri 19/12/08</p>
<p>3 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>Emailed Ros Mitchell for response by Fri 19/12/08</p>
<p>4 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>Emailed Ros Mitchell for response by Fri 19/12/08</p>
<p>5 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>Emailed Ros Mitchell for response by Fri 19/12/08</p>
<p>6 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.</p>	
<p>7 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.</p>	
<p>8 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.</p>	
<p>9 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>.</p>	<p>Regular Directorate reports are made to the Trust's Clinical Governance & Risk Committee, based on the Essence of Care Standards</p>
<p>10 Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.</p>	

Complete/ In progress/ Not started	
HPCT	PHT
Evidence needed of performance monitoring for quality of care, and of training in place to improve it	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
Sultan Ward now used as GP-led step-up care beds. (Have emailed E Emms re OOH cover)	
HPCT has comprehensive Standard Operating Procedures for the nading of controlled rugs, in GP practices, and community hospitals. Each site is subject to regular inspections. SOP5 applies here. SOP8 applies to incidents and investigations regarding controlled drugs, and SOP 12 applies OOH.	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.
A Pharmacist is employed 4 days a week ag GWMH providing afull clinical pharmacy service to the wards. <i>Is this consistar with the PHT response?</i>	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.
A Pharmacist is employed 4 days a week ag GWMH providing afull clinical pharmacy service to the wards. <i>Is this consistar with the PHT response?</i>	Prescribing is reviewed on every ward during the regular pharmacy visits.
A training programme has been put in place. The programme was put on G drive. Have reference.	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.
	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.
	The ward staff are trained in assessing swallow, and their training needs were recently reviewed by the Speech and Language Therapists
	The role of activities coordinator is now integrated with the nursing team since the change to rehabilitation rather than continuing care.
	Essence of Care framework is the basis of the care plans used on these wards

<p>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.</p>	
<p>12 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.</p>	
<p>13 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.</p>	
<p>14 Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.</p>	
<p>15 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.</p>	N/A.
<p>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.</p>	
<p>17 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 particular needs of the bereaved are addressed.</p>	
<p>18 The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.</p>	The Trust has robust clinical governance arrangements in place, which are monitored annually via internal audit.
<p>19 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</p>	There is a robust system for recording and monitoring risk events, and every report is reviewed by the Trust's Risk, Health & Safety Advisor. There is a Risk Training Needs analysis matrix, and training is available to staff via the Trust's website, uptake of risk training is monitored by the Trust's Management Team
<p>20 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.</p>	There are robust systems in place to identify risks and perform root cause analysis for serious untoward incidents. The Directorate provides quarterly risk reports to the Trust's Clinical Governance & Risk Committee
<p>21 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.</p>	

	Staff receive regular a Trust "LINK" Newssheet and monthly Trust Briefing. A Divisional monthly Briefing has just been relaunched and the first version
	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.
	The out of hours cover is provided by a GP service commissioned by the PCTs, with Portsmouth City PCT managing the service
	There are clear admission criteria for these rehabilitation wards and pre-admission assessment is carried out
	Both ward sisters have had leadership development, and are supported by a strong senior nursing team consisting of a Divisional Senior Nurse, a
	This medical model is no longer in use and supervision and appraisal processes are in place for doctors of all levels.
	See 7 above
	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.
	The Trust has robust arrangements in place for quality and governance - see 1 above
	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
	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
	The Trust policy was last updated on 23rd January 2007 - and clearly states that concerns may be raised outside of normal management channels