

GOSPORT WAR MEMORIAL HOSPITAL

CHI ACTION PLANS

Summary of returns by Hampshire PCT, Portsmouth City Teaching PCT, Portsmouth Hospitals Trust, and Hampshire Partnership Trust

This document is a check-list of the recommendations made in the CHI Report dated July 2002. Organisations are asked to look at each recommendation and see whether the recommendation has been addressed. If the work is in progress rather than complete this should also be indicated. This document is prepared in contemplation of the Inquest and legal proceedings.

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	CHI Recommendation	Complete/ In progress/ Not			
		HPCT	PHT	HPT	PCPCT
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.				
2	The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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> .				
11	Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.				
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.				
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.				
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.				
15	Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.				
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.				
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.				
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.				
19	The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.				
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.				
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.				
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.				

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	CHI Recommendation	Complete/ In progress/ Not started	Evidence
23	Hampshire and Isle of Wight Strategic Health Authority should use the findings of this investigation to influence the nature of local monitoring of the national service framework for older people.		
24	The Department of Health should assist in the promotion of an NHS wide understanding of the various terms used to describe levels of care for older people.		
25	The Department of health should work with the Association of Chief Police Officers and CHI to develop a protocol for sharing information regarding patient safety and potential systems failures within the NHS as early as possible.		