

Action Plan: Clinical Care on Sultan Ward, Gosport War Memorial Hospital -DRAFT

Actions to be undertaken by Southern Health NHS Foundation Trust, Portsmouth Hospitals NHS Trust, FACE, Fareham & Gosport CCG.

The action plan has been written in a way that explains what actions would need to be taken if the original model was still in place today.

ISSUE	ACTION	LEAD	TIMESCALE	PROGRESS / COMMENTS
Observations were not undertaken in line with patient needs, or in line with Southern Health policy	All patient observations to be undertaken in line with SHFT policy, or more if the clinical condition indicates	Southern Health – Area Matron - MR	Immediately	To be monitored via Matron's Rounds – undertaken monthly. Report to be shared with Area Manager and Clinical Director.
Documentation showed different documents and care plans in use	Documentation should be standardized, and new Southern Health documentation should be implemented	Southern Health – Area Matron - MR	By 9 th February 2013	New documentation is now in use. Quality of documentation to be monitored via Matron's rounds. Report to be shared as above
Lack of VTE risk assessments and associated documentation	All patients should have their risk assessment documented in the correct place by medical staff, with associated prophylaxis prescribed if	FACE / PHT / Future medical cover	Immediately	Monitor via Matron's rounds as above

	indicated			
Lack of documentation to show DNACPR decisions	All patients to have their DNACPR status recorded, if appropriate, in the correct place by the medical staff	FACE / PHT / Future medical cover	Immediately	Monitor via Matron's rounds as above
Lack of contractual meetings between Southern Health and the medical provider	At least Quarterly contract meetings to be established. Agree what data the provider needs to share in advance to demonstrate their delivery and compliance	Southern Health - LM	By end of February 2013	Also need commissioners to agree model of care moving forward
Lack of governance and supervision arrangements in place between FACE and secondary care	Medical cover to establish structures with secondary care to ensure they comply with governance requirements and to ensure a satisfactory level of supervision is in place. Those providing medical cover should also become part of SHFT local governance processes and meetings.	FACE / Future medical provider	March 2013	This is a contractual obligation. The provider should fund and arrange this.
Poor communication between FACE and MOP	Feedback from the review to be given to	Southern Health - GH	By 16 th February 2013	Meeting being scheduled with PHT

(PHT)	PHT. Agree way forward on retrospective issues – consider a facilitated meeting between key clinicians. Agree future model of care and interactions, including processes to follow and SOP.	FACE / PHT / Southern Health Southern Health / PHT	End February 2013 TBC once new model of care is agreed	
Variability in presence of GP's on the ward	Presence should be secured between 0830 and 1800. Presence should be monitored as part of quality and contractual obligations	FACE / future medical cover	March 2013	Southern Health to monitor. Compliance should form part of routine reporting via contract review meetings
GP's did not routinely attend MDT meetings	Medical cover should be at weekly MDT meetings	FACE / future medical cover	End February 2013	Southern Health to monitor. Compliance should form part of routine reporting via contract review meetings
Outcomes of MDT meetings not routinely recorded	Outcomes of MDT meetings should routinely be recorded in the patient's notes	Southern Health - MR	By 9 th February 2013	Monitoring to be captured via Matron's rounds
Information in discharge summaries was scanty	Quality of discharge summaries to improve, and a system established	FACE / future medical cover	March 2013	This information should also form part of the KPI's for contract review

	to monitor their quality in line with quality contract requirements and best practice			discussions
There was inconsistency in medical cover ie different doctor each day	Consider the pros and cons of this approach, and any increased risk to help inform the future model of care Agree a lead clinician for every patient at the point of admission	Southern Health FACE / Medical cover	End March 2013 By 9 th February 2013	
Lack of joint working across Sultan and Ark Royal in relation to borrowing equipment	Locally agreed ways of working should be agreed by the respective Ward Managers	PHT and Southern matrons	End February 2013	
No formal arrangement in place for Southern Health to attend FACE meetings	Future provider to ensure a standard inclusion at an appropriate forum for clinical staff to attend. Minutes to be shared as part of contract review process. This will ensure operational and any quality issues are addressed in a timely manner.	FACE / future provider	April 2013	

Incidents reported within PHT were not routinely shared with Southern Health, and in turn FACE	Establish a system that enables initial dialogue and ensures any reported incidents regarding concerns or issues are reported quickly to the correct people.	PHT and Southern Health	March 2013	Need to ensure that governance teams are lined up within this, as well as local managers. Incident reported in PHT should be shared with Southern and then reported within the safeguard system to ensure transparency
Predicted dates of discharge not evident	PDD for all patients to be agreed by MDT within 24hrs of admission	FACE / Medical cover . Southern Health	9 th February 2013	Monitor via Matron's rounds and reported as previously requested
The future model of care is not defined.	Commissioners and providers to work together to agree the future model of care	Fareham & Gosport CCG, Southern Health	February 2013	Current interim arrangements in place until end March 2013
Performance data	The outcomes of the ward performance should be reviewed, comparing both models of care in the last year – as a way of both reporting and informing future decisions. This should include a quality review as well as KPI delivery	Southern Health – FP	February 2013	A report should be drawn up and shared with commissioners.