



Fareham and Gosport  
Clinical Commissioning Group

## **Review of Sultan Ward, Gosport War Memorial Hospital**

### **Terms of Reference (Draft 2)**

#### **1.0 Introduction**

From 1<sup>st</sup> April 2013, Fareham and Gosport Clinical Commissioning Group (CCG) take over the accountability for the commissioning of safe, high quality health services for the people of Fareham and Gosport. Sultan ward at Gosport War Memorial Hospital provides essential inpatient step-up and step-down care facilities and has previously faced some challenges in delivering consistently high quality care along with frequent management and medical infrastructure changes. The current service at Sultan ward is provided by Southern Health NHS Foundation Trust (SHFT) with a sub-contract to Portsmouth Hospitals NHS trust (PHT) for consultant geriatrician cover. The lead commissioner for SHFT is West Hampshire CCG. In the light of the background to Sultan ward, Fareham and Gosport CCG Accountable Officer has commissioned an early review of the service. These terms of reference detail the scope and remit of the proposed review.

#### **2.0 Background to the review**

- 2.1 There was a police investigation in 1998. In March 1999 the Crown Prosecution Service (CPS) decided that there was insufficient evidence to bring a successful prosecution.
- 2.2 In the course of their investigation the Police alerted the Commission for Health Improvement (CHI) in August 2001 and CHI commenced an investigation in October 2001.
- 2.3 In September 2002 the Police began a third investigation into the deaths of patients at GWMH. Following detailed investigation which included expert reports the Police handed the outcome of their investigation into ten deaths to the CPS in July 2006. In October 2007 the CPS concluded that there was insufficient evidence to prosecute any health care staff. This Police report was passed to HM Coroner in early 2008.
- 2.4 Inquests were held in 2008 into 10 deaths at the hospital resulting in intense local and national media coverage around and after the inquests.
- 2.5 The GP who had previously supplied medical support to the beds was the subject of a GMC hearing in XXXX.
- 2.6 There have been recent changes to the ward's medical model.
- 2.7 Concerns were raised in August 2012 by 2 PHT consultant geriatricians relating to patient care safety and possible delayed acute admissions due to poor response to deterioration. SHFT undertook a review of clinical care and their commissioned service model, which reported in early 2013. There is a need to sign off the actions resulting from this review.
- 2.8 A new inquest into one case still outstanding from the original coroner's investigation is due to commence 9<sup>th</sup> April 2013.
- 2.9 There is a need for the new commissioners to be assured beyond doubt that Sultan ward is offering high quality services to the people of Gosport and Fareham.

#### **3.0 Aims of the review**

- 3.1 To examine the CHI report 'Investigation into Portsmouth Healthcare NHS Trust at Gosport War Memorial' and the recommendations published in July 2002
- 3.2 To seek assurance from archived reports (CHI and provider responses) that;
  - 3.2.1 All recommendations were implemented
  - 3.2.2 any associated or additional action plans were completed
  - 3.2.3 To determine that the original recommendations of the CHI investigation are now resolved?
- 3.3 To determine if the actions from the 2012/13 SHNHSFT review have enabled the ward to deliver consistently high standards of care and treatment.
- 3.4 To be assured that the current management model conducive to robust clinical governance.

#### **4.0 Scope of the review and duties of the review lead**

- 4.1 The review will take place between 26<sup>th</sup> March and 31<sup>st</sup> May 2013.
- 4.2 A robust audit trail and comprehensive documentation will be maintained.
- 4.3 The lead reviewer will construct a chronology of the organisational changes to Sultan ward that have occurred within the last ten years.
- 4.4 The lead reviewer will attend the current inquest pertaining to the original investigation commencing on 9<sup>th</sup> April 2013.
- 4.5 The lead reviewer, along with the Chief Quality Officer will work with the communications team, keeping them fully informed of developments in the review, of emerging findings and of the progress with the inquest.
- 4.6 The lead reviewer will draft a full report with recommendations by 3<sup>rd</sup> May 2013.
- 4.7 The lead reviewer will accompany the CQO on a clinical visit to Sultan Ward in conjunction with SHFT Director of Nursing (2<sup>nd</sup> April 2013)
- 4.8 The lead reviewer will liaise and seek assurance from SHFT on current practice at Sultan ward and the details of assurance reviews. She will also liaise with Sultan ward clinical manager Mark Roberts to review a range of quality data covering the last year (2012/13). This will include:
  - Complaints, patient feedback, SIRIs, safeguarding adult alerts, falls and pressure ulcer audits and incidents, medication errors, staffing data including establishment, sickness and attrition levels, use of temporary staffing and any staffing hotspots staff training and competency arrangements

#### **5.0 Reporting**

The lead reviewer will:

- 5.1 Provide twice weekly briefs to the Chief Quality Officer who in turn will brief the Accountable Officer and CCG chair and lay members. Briefings will be provided more frequently if there are developments in the current situation.

The Chief Quality Officer will ensure the review is reported to the:

- 5.2 CCG Governing Body
- 5.3 CCG Quality and Safety Committee
- 5.4 Southern Health NHS Foundation trust CEO and Director of Nursing

#### **6.0 Capturing the learning**

Many NHS services undergo significant change to service models, often with challenging time pressures. This review will aim to capture key learning from Sultan ward and apply it to future organisational service changes. The lead reviewer will therefore:

- 6.1 Establish areas of learning with regard to governance, patient safety and quality when planning service redesign and organisational restructure.
- 6.2 Draft a set of guidance/policy which should guide staff on key quality requirements to be considered by the CCG board, prior to the redesign of services and or merging/ restructuring of organisations. This will ensure patient safety and quality remains central to planning and commissioning activities.

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28<sup>th</sup> March 2013