CHAPTER 6 – STAFFING ARRANGEMENTS AND RESPONSIBLITY FOR PATIENT CARE

Responsibility for patient care

Patient care on Daedlus and Dryad wards at Gosport War Memorial Hospital for the period of the CHI investigation was provided by consultant led teams. The complex needs of these vulnerable patients are best met by a multidisciplinary, multiprofessional team of appropriately trained staff. This ensures that the total needs of the patient are joined together in a care plan, discussed with the patient and their relatives and carers, that reflects the individual needs of each patient and is understood by every member of the team. Solid care planning such as this would ensure that all care decisions, such as prescribing, were jointly owned by all members of the team, including the lead consultant.

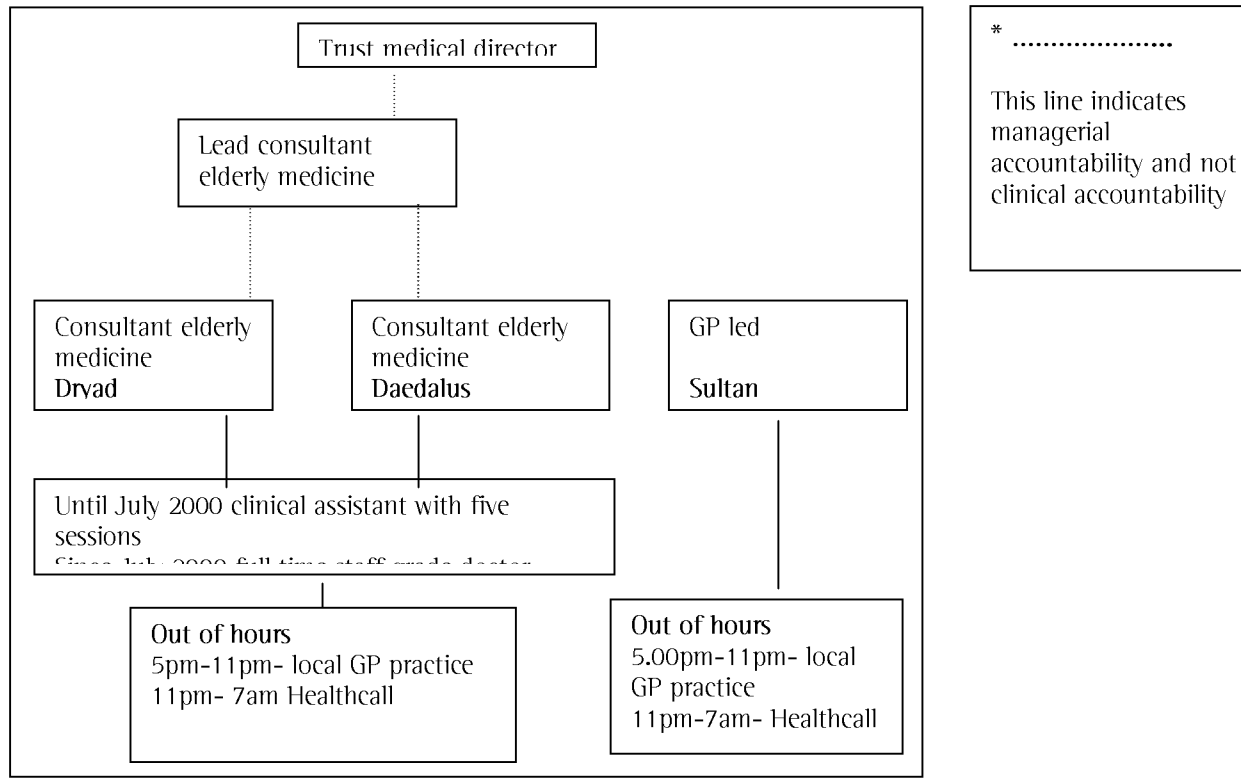
MEDICAL RESPONSIBILITY

For the period covered by the CHI investigation and currently, medical responsibility for the care of older people in Daedalus and Dryad wards lay with the named consultant of each patient. All patients on both wards are admitted under the care of a consultant. Since 1999, there has been a lead consultant for elderly medicine who holds a two session contract (one session equates to half a day per week) for undertaking lead consultant responsibilities. These responsibilities include overall management of the department and the development of departmental objectives. The lead consultant is not responsible for the clinical practice of individual doctors. The post holder does not undertake any clinical sessions on the War Memorial site [this sounds contradictory to the earlier sentence describing the two session contract – do you mean they don't see any patients, or that they do the management from a distance??] . The job description for the post, outlines twelve functions and states that the post is a major challenge for "a very part time role".

In addition, since 2000 *(check with trust)* two elderly medicine consultants provide a total of 10 sessions of consultant cover on Dryad and Daedalus wards. Since September 2000, day to day medical support is provided by a staff grade physician who is supervised by both consultants. Until July 2000, a clinical assistant provided additional medical support. Both consultants currently undertake a weekly ward round with the staff grade doctor. In 1998 there was a fortnightly ward round on Daedalus ward; on Dryad, ward rounds were less frequent .

CHI feels that the staff grade post is a pivotal, potentially isolated post, due to the distance of Gosport War Memorial Hospital from the main department of elderly medicine based at Queen Alexandra Hospital and the consequent difficulty in attending departmental meetings. The trust recognised this as an issue in 2001 in the document outlining action taken following complaints and patient based incidents: "A decision was taken not to employ a locum consultant to cover the wards because of the risk of professional isolation and support in Gosport".

Figure x.1 Line management accountabilities



GENERAL PRACTICE ROLE AND ACCOUNTABILITY

Local GPs worked at the Gosport War Memorial Hospital in three capacities during the period under investigation: as clinical assistants, as the clinicians admitting and caring for patients on the GP ward (Sultan) and as providers of out of hours medical support on each of the three wards.

Clinical assistant role

Clinical assistants are GPs employed and paid by trusts, largely on a part time basis, to provide medical support on hospital wards. Clinical assistants have been a feature of community hospitals within the NHS for a number of years. Portsmouth Healthcare NHS Trust employed a number of such GPs in this capacity in each of their community hospitals. Clinical assistants work as part of a consultant led team have the same responsibilities as hospital doctors to prescribe medication, write in the medical record and complete death certificates. Clinical assistants should be accountable to a named consultant.

From 1994 until the resignation of the post holder in July 2000, a clinical assistant was employed for five sessions at the Gosport War Memorial Hospital. The fees for

this post were in line with national rates. The job description clearly states that the clinical assistant is accountable to "named consultant physicians in geriatric medicine". The post holder was responsible for arranging cover for annual leave and any sickness absence with practice partners. The trust and the practice partners did not have a contract for this work. The job description does state that the post is subject to the terms and conditions of hospital medical and dental staff. Any concerns over the performance of any clinical assistant could have been pursued through the trust's disciplinary proceedings. CHI could find no evidence to suggest that this option was explored.

CHI is not aware of any trust systems in place to monitor or appraise the performance of the clinical assistant. This lack of monitoring is still common practice within the NHS. The consultants admitting patients to Dryad and Daedalus wards, to whom the clinical assistant was accountable, had no system for supervising the practice of the clinical assistant, including any review of their prescribing. CHI could also find no evidence of any formal lines of communication regarding policy development, guidelines and workload. Staff interviewed commented on the long working hours of the clinical assistant, in excess of the five contracted sessions.

Sultan ward

Medical responsibility for patients on Sultan ward lies with the admitting GP. The trust issued admitting GPs with a contract for working on trust premises, which clearly states "you will take full clinical responsibility for the patients under your care". CHI was told that GPs visit their patients regularly as well as when requested by nursing staff. This is a common arrangement in community hospitals throughout the NHS. GPs have no medical accountablity framework within the trust.

GPs managing their own patients on Sultan ward could be subject to the health authority's voluntary process for dealing with doctors whose performance is giving cause for concern. However, this procedure can only be used in regard to their work as a GP, and not any contracted work performed in the trust as a clinical assistant. Again, this arrangement is common throughout the NHS.

Out of hours cover provided by GPs

Between the hours of 9.00am and 5.00pm on weekdays, hospital doctors employed by the trust manage the care of all patients on Dryad and Deadalus wards. Out of hours medical cover, including weekends and bank holidays, is provided by a local GP practice from 5.00pm to 11.00pm, after which, between 11.00pm and 7.00am, *(check 7am-9am gap with trust)* nursing staff call on either the patient's practice or Healthcall, a local deputising service for medical input. If an urgent situation occurs out of hours, staff call 999 for assistance.

Some staff who were interviewed by CHI expressed concern about long waits for the Healthcall service, although the trust has no system for formal reporting of long waits. It was suggested that waiting times for Healthcall to attend to a patient could sometimes take between three and five hours. However, evidence provided by Healthcall contradicts this. Nurses expressed concern over Healthcall GPs'

reluctance to "interfere" with the prescribing of admitting GPs on Sultan and Dryad wards. The contract with Healthcall is managed by a local practice. *(check contract)*

APPRAISAL OF HOSPITAL MEDICAL STAFF

Since, April 2000, all NHS employers have been contractually required to carry out annual appraisals, covering both clinical and non clinical aspects of their jobs. All doctors interviewed by CHI, including the medical director, who works five sessions in the department of elderly medicine, have regular appraisals. Those appraising the work of other doctors have been trained to do so.

Nursing responsibility

All qualified nurses are personally and legally accountable for their own clinical practice. Their managers are responsible for implementing systems and environments which promote high quality nursing care.

On each ward, a G grade clinical manager, who reports to a senior H grade nurse, manages the ward nurses. The H grade nurse covers the three wards caring for older people and was managed by the general manager for the Fareham and Gosport division. The general manager reported to both the director of nursing and the operations director. An accountability structure such as this is not unusual in a community hospital. The director of nursing was ultimately accountable for the standard of nursing practice within the hospital.

NURSING SUPERVISION

Clinical supervision for nurses was recommended by the United Kingdom Central Council in 1996 and again in the national nursing strategy, *Making a difference*, in 1999. It is a system through which qualified nurses can maintain lifelong development and enhancement of their professional skills through reflection, exploration of practice and identification of issues that need to be addressed. There are a range of models, but three are most widely used: clinical supervision with an expert; one to one supervision and group supervision. Clinical supervision is not a managerial activity, but provides an opportunity to reflect and improve on practice in a non judgemental environment. Clinical supervision is a key factor in professional self regulation.

The trust has been working to adopt a model of clinical supervision for nurses for a number of years and received initial assistance from the Royal College of Nursing to develop the processes. The trust focus had been on reflective practice, the overall aim being to ensure that staff had access to good systems of clinical support to enhance their practice. As part of the trust's clinical nursing development programme, which ran between January 1999 and December 2000, nurses were identified to lead the development of clinical supervision.

MANY OF THE NURSES INTERVIEWED VALUED THE PRINCIPLES OF REFLECTIVE PRACTICE AS A WAY IN WHICH TO IMPROVE THEIR OWN SKILLS AND CARE OF PATIENTS. THE H GRADE SENIOR NURSE COORDINATOR POST, APPOINTED IN NOVEMBER 2000, WAS A SPECIFIC TRUST RESPONSE TO AN ACKNOWLEDGED LACK OF NURSING LEADERSHIP AT THE GOSPORT WAR MEMORIAL HOSPITAL.

REGULAR WARD MEETINGS ARE HELD ON SULTAN AND DAEDALUS WARDS. ARRANGEMENTS ARE LESS CLEAR ON DRYAD WARD, POSSIBLY DUE TO THE LONG TERM SICKNESS OF SENIOR WARD STAFF.

TEAMWORKING

Caring for older people involves input from many professionals who must coordinate their work around the needs of the patient. Good teamwork provides the cornerstone of high quality care for those with complex needs. Staff interviewed by CHI spoke of teamwork, although in several instances this was uniprofessional, for example a nursing team. CHI observed a multidisciplinary team meeting on Deadalus ward which was attended by a consultant, a senior ward nurse, a physiotherapist and an occupational therapist. No junior staff were present. Hospital staff describe access to input from social services as good, although not always available. [this seems contradictory??]

Arrangements for multidisciplinary team meetings on Dryad and Sultan wards are less well established. Occupational therapy staff reported some progress towards multidisciplinary goal setting for patients, but were hopeful of further development.

ALLIED HEALTH PROFESSIONAL STRUCTURES

Allied health professionals are a group of staff including occupational therapists, dieticians, speech and language therapists and physiotherapists. The occupational therapy structure is in transition from a traditional site based service to a defined clinical specialty service (such as stroke rehabilitation) in the locality. All referrals are received centrally. Staff explained that this system enables the use of specialist clinical skills and ensures continuity of care of patients, as one occupational therapist follows the patient throughout hospital admission(s) and at home. Occupational therapists talking to CHI described a good supervision structure, with supervision contracts and performance development plans in place.

> **Physiotherapy services are based within the hospital. The physiotherapy team sees patients from admission right through to home treatment. Physiotherapists illustrated good levels of training and supervision and involvement in Daedalus ward's multidisciplinary team meetings.**

Speech and language therapists also reported participation in multidisciplinary team meetings on Daedalus ward. Examples were given to CHI of well developed in service training opportunities and professional development, such as discussion groups and clinical observation groups.

The staffing structure in dietetics consists of one full time dietician based at St James Hospital. Each ward has a nurse with lead nutrition responsibilities who can offer advice to colleagues on request.

WORKFORCE AND SERVICE PLANNING

In November 2000, in preparation for the change of use of beds in Dryad and Daedalus wards from continuing care to intermediate care, the trust undertook an undated resource requirement analysis and identified three risk issues:

- consultant cover
- medical risk with a change in client group and the likelihood of more patients requiring specialist intervention. The trust believed that the introduction of automated defibrillators would go some way to resolve this. The paper also spoke of "the need for clear protocols...within which medical cover can be obtained out of hours"
- the trust identified a course for qualified nursing staff, ALERT, which demonstrates a technique for quickly assessing any changes in a patients condition in order to provide an early warning of any deterioration

Despite this preparation, several members of staff expressed concern to CHI regarding the complex needs of many patients cared for at the Gosport War Memorial Hospital and spoke of a system under pressure due to nurse shortages and high sickness levels. Concerns were raised formally with the trust in early 2000, and acknowledged by the medical director, around the increased workload and complexity of patients, although CHI found no evidence of a systematic attempt to review or seek solutions to the evolving casemix.

Access to specialist advice

Older patients are admitted to Gosport War Memorial Hospital with a wide variety of physical and mental health conditions, such as strokes, cancers and dementia. Staff demonstrated good examples of systems in place to access expert opinion and assistance. There are supportive links with palliative care consultants, consultant psychiatrists and oncologists. The lead consultant for elderly mental health reported close links with the three wards, with patients either given support on the ward or transfer to an elderly mental health bed. There are plans for a nursing rotation programme between the elderly medicine and elderly mental health wards.

Staff are aware of and refer to the joint palliative care booklet, published jointly in 1998 with Portsmouth Healthcare NHS Trust, Portsmouth Hospitals NHS Trust and

a local hospice. The booklet includes a number of guidelines on clinical management, including symptom management, psychological and spiritual care and bereavement. Staff spoke of strong links with the Rowans hospice and Macmillian nurses. Nurses gave recent examples of joint training with the hospice in the use of syringe drivers.

CHI's audit of recent case notes indicated that robust systems are in place for both specialist medical advice and therapeutic support.

STAFF WELFARE

Since its creation in 1994, the trust developed as a caring employer, demonstrated by support for further education, flexible working hours and a ground breaking domestic violence policy that has won national recognition. The hospital was awarded Investors in People status in 1998. Both trust management and staff side representatives talking to CHI spoke of a constructive and supportive relationship.

However, many staff, at all levels in the organisation spoke of the stress and low morale caused by the series of police investigations and the referrals to the General Medical Council, the United Kingdom Central Council and the CHI investigation. Trust managers told CHI they encouraged staff to use the trust's counselling service and support sessions for staff were organised. Not all staff speaking to CHI considered that they had been supported by the trust, particularly those working at a junior level, "I don't feel I've had the support I should have had before and during the investigation - others feel the same".

Key findings

1. Portsmouth Healthcare NHS Trust did not have any systems in place to monitor and appraise the performance of clinical assistants. The clinical assistant working on Daedalus and Dryad wards was allowed to practice without adequate supervision arrangements. It was not made clear to CHI how GPs working as clinical assistants and admitting patients to Sultan wards are included in the development of trust procedures and clinical governance arrangements.

2. There are clear accountability and supervisory arrangements in place for trust doctors, nurses and allied health professional staff. Currently, there is effective nursing leadership on Daedalus and Sultan wards, this is less evident on Dryad ward. CHI was concerned regarding the potential for professional isolation of the staff grade doctor.

3. Systems are now in place to ensure that appropriate specialist medical and therapeutic advice is available for patients. Some good progress has been made towards multidisciplinary team working which should be developed.

3. There was a planned approach to the service development that brought about the change in use of beds in 2000. The increasing dependency of patients and resulting pressure on the service, whilst recognised by the trust, was neither monitored nor reviewed as the service developed.

5. Portsmouth Healthcare NHS Trust should be congratulated for its progress towards a culture of reflective nursing practice.

6. The trust has a strong staff focus, with some notable examples of good practice. Despite this, CHI found evidence to suggest that not all staff were adequately supported during the police and other recent investigations.

7. Out of hours medical cover for the three wards out of hours is inadequate and does not reflect current levels of patient dependency.

Recommendations

1. National guidelines for employing trusts, for GPs working as clinical assistants and for GPs working on admitting patients to GP led wards should be developed by the Royal College of General Practitioners.

2. The provision of out of hours medical cover should be reviewed. Should a contact be agreed with a deputising service, advice must be taken from the British Medical Association and PCT staff to ensure a shared philosophy of care, adequate payment, waiting time standards and a disciplinary framework are included in the contract.

3. The new PCT responsible for the provision of care of older people should continue to work with colleagues to ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.

4. The PCT should ensure that recent arrangements to ensure strong, long term, nursing leadership on Dryad ward continue.