Copy of document in 3rd drawer 'CHI working file May 2002' file 19. PHT.

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
A Medical Staffing			
1. Why, when the police investigation into unlawful killing was begun in 1999, was there no consideration of disciplinary action against the two doctors? What was the rationale for this and is the documented?	Examination of the notes did not reveal any evidence to support a charge of unlawful killing. Therefore no action was taken. There was no formal documentation of that decision. *In the context of the pressures, clinical concerns and issues facing the Trust as a whole at that time, the Richards case did not register as a major one.* *It pre-dated the more rigorous risk event reporting/complaints handling/monitoring systems that were developed as part of Clinical Governance.* *It is easy with hindsight and with familiarity with current clinical governance pressures to see that the police telephone call should have triggered an internal Trust investigation at that time.*		Complaints are monitored via service reviews and roll forward until actions are complete. Addendum to Policy 'Managing patient related complaints' .

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
2. What are the clinical accountability arrangements between the consultant and GP's regarding the out of hour's service on Dryad and Daedalus?	Patients on Dryad and Daedalus Ward remain the responsibility of the consultant(s) under whose care they have been admitted. GPs are responsible for providing out of hours cover. There is always a consultant on-call to whom GPs can refer for advice, etc. However, the responsibility rests with consultants.		The same arrangements continue to apply today.
3. How are these arrangements monitored and supervised?	The PCT has established regular meetings between a senior manager, consultants and the GP practice to review/monitor out of hours care. It is planned to hold a similar meeting with the locum agency.		
4. What was the Medical Directors view of medical standards at the hospital in 1998/99	In 1998/99 the medical director's view was that standards of care were good.		
5. Which information would have triggered a referral by the Trust to the GMC?	Evidence of a serious breach of/or concern in relation to the professional standards outlined in the GMC guidance to doctors – "Good Medical Practice" and		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	"Maintaining Good Medical Practice".		
6. What action was taken by the Medical Director to investigate professional standards in the light of the allegation made in late 1998 and when the police reports were received in 2002?	In respect of the allegation in 1998 and having examined the case notes, I felt that the standards were in line with those pertaining in a community hospital and took no further action. At the end of the CHI visit in 2002, the investigating team intimated that they wished to review recent case notes. The police reports were not received until February 2002. I felt that because of the media interest, an external independent review (as proposed by CHI) was the most appropriate way to investigate professional standards. However, it was also decided that an internal audit of prescribing should occur, despite no indications from informal enquiries of any concerns about prescribing.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
7. Concern over how sustainable the Elderly Med lead consultant role is on 2 sessions a week. Need to review this.	Associate lead consultants now appointed for each of the 3 PCTs, providing 1 session per week clinical input in the locality.		
8. Is more permanent medical cover needed at Gosport War Memorial Hospital both in normal hours and outside? How can the isolated staff grade at Gosport War Memorial Hospital be more effectively supported	Ideally, yes. The only "permanent" staff in the NHS are GPs and consultants. It is unlikely that the NHS would stretch to a consultant based service in a community hospital, given existing shortages of consultants. Staffing by GPs would have to be radically different from the current clinical assistant/hospital practitioner model – e.g. a number of GPs who are half time based in general practice. At present, no such doctors exist. They would need to be trained and would require regular updating to maintain their skills. (This is a national problem). The current staff grade doctor is encouraged to attend educational meetings within the Department of Elderly Medicine at Queen		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	Alexandra Hospital. He also is supervised regularly by the consultants working in Gosport and has access to them for advice.		
9. Concern over the lack of evidence of Consultant supervision of the Clinical Assistant or of any involvement of clinical assistant in the broader policy development of the trust. How was the performance of the clinical assistant supervised and reviewed? And what action was taken.	At the time, because of maternity leave and the decision to employ a locum (because of a previous bad experience), consultant cover at Gosport was extremely stretched. There was no involvement of a clinical assistant in the broader policy development of the Trust. As elsewhere in the NHS at that time, there was no formal review of the performance of the clinical assistants, many of who, as in this case, were very experienced GPs. (they are not "Junior Doctors in training)". A Staff Grade doctor was appointed in August 2000 and the staff grade doctor has regular meetings with the consultant in addition to attending consultant ward rounds. The staff grade has an annual appraisal.	Code B	

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
10. Concern over lack of formal systems to appraise the performance of clinical assistants (national issue). What arrangements are in place now in local community hospitals?	These are being developed locally		
11. What action has been taken to ensure we now have formal appraisal and supervision systems for all training grade doctors?	All training grade doctors have an educational supervisor and there is a requirement for there to be regular meetings between the trainee and the educational supervisor where performance is appraised and a record is kept of the issues discussed and any actions agreed. *Should read 'training grade' doctors. The clinical assistants are not training grade. Training grade doctors have supervision built in.*		Draft medical supervision policy going to EHPCT clinical governance panel 18th June 02.
12. What action has been taken in relation to the named consultant regarding the need to improve supervision of training grade doctors at Gosport?	There are **no** training grade doctors in Elderly Medicine in GWMH but consultant staff cover has been improved to allow regular supervision of the staff grade doctor. The named		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	consultant has received copies of the police reports, is aware of the issues raised and the need for supervision of non-consultant career grade staff. Regular supervision meetings now occur		
13. What are the medical accountability and Governance arrangements of GP's working for the Trust on the bed fund? Recognise this is a National issue. Need to engage PCT clinical governance panel.	There are no formal systems. However, formal contact is made in relation to changes. Some evidence of recent interactions and further meeting booked. Potential to have service manager join bed fund meeting or establish separate review meetings.		Letter re AEDs Guidelines for transfer developed with GPs Meeting to discuss current issues Apr 02. There was also informal consultation with GPs re intermediate care developments.
14. Concern re long delays sometimes for Healthcall to arrive at the hospital. What have we done? What is the process to report long waits?	This is usually 2 to 2.5 hrs. Improvements include Healthcall and Fargo docs now on site, Jun and May respectively. Procedure developed for contacting Consultant out of hours.	Incident reporting system. However, where there are concerns re delay, patients can be transferred by emergency ambulance if appropriate.	Out of Hours, Consultant Geriatrician procedure. Fargo docs 1st May 02. Healthcall 1st June 02.
15. Need to review out of hours GP contacted at Gosport	Contract under review.	Quality standards and review mechanism to be built in to new contract.	Dr Beasley letter 24th May 02.

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
16. Has there been any improvement to the contact for Dryad and Daedalus out of hour's service with the providing practice?	Staff grade in post since Nov. 2000. Perceived reduction in out of hours requirements. Also Healthcall and Fargo docs on site.		
17. What action was taken regarding the doctors when the police reports were received in February 2002?	The Medical Director saw the clinical assistant and agreed that the clinical assistant would no longer admit/care for patients in Gosport War Memorial Hospital until the GMC investigation had been completed at which time the position would be reviewed. The clinical assistant also agreed that her out of hours responsibilities as part of the practice providing out of hours cover to Daedalus and Dryad Ward, would remain with Healthcall (a locum agency). The Director of Public Health at that time also asked the clinical assistant to refrain from prescribing opiates in general practice until the hearing by the		

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Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	Interim Orders Committee of the General Medical Council. At the hearing of 9th May, the Interim Orders Committee decided that doctor could continue to practise without any restriction in registration. The voluntary agreement to refrain from prescribing opiates in general practice was rescinded. In respect of the consultant, a discussion on the police report has occurred and the consultant is aware of the responsibilities of supervision.		
18. What else has changed at Gosport since 1998 in relation to the provision of medical cover?	Staff Grade since Nov 2000. Increased consultant sessions with intermediate care development. Improved consultant cover and particularly cover for annual leave and study leave etc.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
B Prescribing			
19. Once the initial allegation was made in late 1998 why was an immediate review of hospital prescribing information undertaken to look for trends, issues etc not undertaken?	We did not link the three complaints before the media coverage did from April 2001 onwards. Richards case was the subject of a police investigation but as stated above, we did not believe there to be any substance in the charge. Code A case was the subject of an Independent Ombudsman Review which dismissed the complaint and upheld the clinical care provided. (NB – only criticism of the Trust was to do with microfilming of fluid records) Devine case was subject to Independent Review (using external medical and nursing assessors) which confirmed that the clinical care was appropriate, whilst communication was very poor.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
20. When did the use of the broad prescribing range of 20 to 200mg of diamorphine stop at Gosport Hospital?	At some time during 1999.		
21. Why did it take until 2002 before a formal audit of prescribing took place?	It took a considerable time to develop the pain management policy. It was formally launched in May 2001. In June 2001, the Medical Director and Director of Public Health discussed an audit of the pain management policy and agreed that this would be most appropriately conducted by an external person or body and following discussions between the Director of Public Health and the Chief Executive of the Health Authority, CHI was approached about doing this.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
22. Why did it take so long for a Pain Management Policy to be produced?	A new Prescribing /Pain Management protocol was developed by the Medical Director and piloted on Dryad Ward in late 1999/early 2000. Unfortunately, it was found that this had limitations and could potentially have led to less safe prescribing. Because of this and the desire to link to the local palliative care service, involve all community hospitals and put training programmes etc. in place. It was 2001 before the policy was **formally** launched.		
23. Reference to the Wessex Guidelines. We need to either remove these from the wards or be clear of how they fit with the pain policy.	*These are used in conjunction with the policy, not in place of. Need to discuss ongoing use. JP will set up meeting to review.*		
24. Has the recent prescribing audit reviewed the use of Opiates, Midazolam, major tranquillisers and Hyoscine Butylbromide, or just opiates?	Audit took place during May/June.	During the first two weeks, there were no patients on opiates	

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Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
25. Can we explain the reasons for changing prescribing on Diamorphine over time, contained in the CHI report and why there are variations between wards?	The change in prescribing pattern probably reflects case mix. (In 1998 and 1999, an increasing number of sick, frail, elderly people were transferred to Gosport War Memorial Hospital to try to relieve pressure on beds in the Royal Hospital Haslar and Queen Alexandra Hospital). Case mix differences again probably account for the differing prescribing patterns between the wards.		
26. Remote relationship between PHT Pharmacy service and community hospitals and increasing workload. What have we done to improve this? Need to review a pharmacy service.	No action to date. Dryad, Daedalus and Sultan receive one visit per week. When non stock new prescriptions are written, a check would take place when the prescription is faxed to pharmacy. Need to review pharmacy contract with PHT.		Meeting being set up with Jeff Watling.

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
27. Need for greater IT access at Gosport War Memorial Hospital to allow for clinician specific records. What have we done and what more is needed?	**All wards now have IT access. Live from Mar 02.** All F&G grades trained. Access also available in library at hospital. OPD staff in phase two. Access at ward level also to HIS/CIS/path results.		
28. The possibility of using the intranet for Compendium of Drug Therapy Guidelines. Is there now IT access to the Internet and intranet at Gosport War Memorial Hospital?	**Yes.**		
29. PCT's need systems to alert the Trust Board of unusual or excessive patterns of prescribing. Can we link this into PCT prescribing advisor role? How to access and report the information?	None. However, pharmacist will pick up incompatible prescriptions or prescribing irregularities when they visit. An enhanced pharmacy service would improve our ability to do this by building in regular and specific monitoring.		
30. Has anything else been done to improve prescribing practise at Gosport Hospital?	Prescription writing policy(06/00) A meeting is being arranged to ensure pharmacy makes available data on the total amount of opiates, midazolam		Policy

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	and other major tranquillisers supplied on a regular basis.		
C Complaints			
31. Why was no formal internal management review, undertaken between 1998 - 2002 when the three complaints and knowledge of a police investigation had been received?	We did not link the three complaints before the media coverage did from April 2001 onwards. Richards case was the subject of a police investigation but as stated above, we did not believe there to be any substance in the charge. Code A case was the subject of an Independent Ombudsman Review which dismissed the complaint and upheld the clinical care provided. (NB – only criticism of the Trust was to do with microfilming of fluid records) Devine case was subject to Independent Review (using external medical and nursing assessors) which confirmed that		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	the clinical care was appropriate, whilst communication was very poor. In terms of the unlawful killing allegation, therefore, there was no reason to link the cases. In terms of communications, record keeping etc., there were common themes which were followed up on the nursing front by the hospital with input from the Nursing Director.		
32. Why did the allegation of unlawful killing not prompt action by the Trust eg suspension of staff whilst an investigation was undertaken?	The initial phone call re the first police inquiry (December 1998) as indicated above, was not pursued as it was thought not substantial for the reasons stated above. As already acknowledged above, the police telephone call in the Richards case should have triggered an internal Trust investigation back in 1998/99, as it undoubtedly would in today's clinical governance process.		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
33. Concern re lack of connection between several similar complaints. Have we established an independent look at complaints at Board level/Clinical Governance Panel to look for connections/themes?	Complaint summaries in service reviews with action plans devised at time of response but separate to the complaint response will be a feature of future reviews. Complaint Manager will establish system to elicit themes from complaints.		A review of themes associated with 5 complaints took place in Feb 2001. The action plan generated is still progressing.
34. Have we taken action to make complaints leaflets more readily available on wards?	New leaflet to be on wards by 26th Jun 02.		New Leaflet
35. Concern over the rigour of the first complaint internal investigation. What have we done to ensure investigations are rigorous and independent?	All investigations, (except the most straightforward) are formally commissioned and undertaken by an individual outside the service under scrutiny.		Anonymised terms of reference for investigation.
36. Not all staff had attended complaints handling training. What have we done to improve this and how many have now been trained?	Half-day sessions in Jul, Oct and Nov booked for 12 staff. Two hour sessions being organised in Aug for all staff on three wards. Jan Peach/Ann Turner.		
37. How do we use the information gained from complaints?	• All complaints to have formal action plan monitored by complaints manager		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
D Police Investigation and the Board			
38. Once the Chief Executive became aware of the police investigation whey were the Trust Board not informed?	The initial phone call re the first police inquiry (Dec 1998), was not pursued, as it was thought not substantial for the reasons stated above. The later phone call re-opening the case (October 1999) was different and I reported it to the Chairman. I have rung Margaret Scott to check this and she confirms that I did so. I am afraid that I cannot recall when we shared it with the full Board. There would certainly have been no intention to keep it from them – from the outset in 1994 we have had an open culture and shared a number of difficult quality concerns with the Board fully and this would have been no exception.		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
39. Why did the allegation of unlawful killing not prompt action by the Trust eg suspension of staff whilst an investigation was undertaken?	See 19 & 31		
40. The Board was not formally informed that the police were investigating an allegation of unlawful killing. Need to ensure complaints policy is reviewed to ensure that internal investigations should not cease when a police investigation begins.	Addendum to 'Handling Patient Related Complaints' policy May 2002.		Addendum to Policy.
41. Was there an agreed action plan in place during 1999, 2002, 2001, which the Board was monitoring to reassure themselves, that progress was being made?	The question implies that today's overall picture/information was coherently available from 1999!! Ian Reid, Eileen Thomas and Fiona Cameron have already listed the action taken arising out of individual complaints and out of wider concerns (e.g. communications, pain control guidelines etc.) monitored through the usual Performance Review process.		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	Since the April 2001 media coverage linking the various cases (and generating new complaints) the Board has been briefed/updated on the position as whole.		
E Nursing Issues			
42. Was there consideration of disciplinary action against any nurses following the allegation of unlawful killing in late 1998 and if there was what was the rationale for taking no action and is this documented?	There was no consideration of disciplinary action against nurses in 1998 to my knowledge. This is explained in detail in Max Millett's response.		
43. What was the view of the nursing director of the standards of nursing care at the hospital in 1998/99?	An initial review of nursing was conducted by the new Nursing Director at the start of 1998. This found variations in practice and a lack of Clinical Nursing Leadership. The Trust Board, early in 1998, supported a proposal to train Clinical Leaders. Two of these were based at Gosport War Memorial Hospital.		

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`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	While nursing services were managed and run based on services, the two Clinical Practice Facilitators worked well with the Nurse Advisor for the division. They arranged and put on a number of training and development initiatives for nurses; each aimed at improving practice. They also spent time in each of the wards, helping to improve nursing care. There is considerable evidence that nursing practice developed and improved within GWMH between 1998-2002.		
44. What action has been taken to review other deaths at Gosport Hospital in 1998/99?	A review of the number of deaths at GWMH for the period April 1998 to March 1999 was undertaken and patient records subsequently checked. No new information was available from this and as a consequence no further action to be taken at this time.		
45. Which information would have triggered a referral of the nurses by the Trust to the UKCC?	Evidence of practice that contravened the Nursing Code of Conduct. No evidence of this kind		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	was ever brought to my attention. However, the division or any other professional/the public would have been able to refer to the UKCC had they concerns. In fact, three nurses were referred to the then UKCC by the police in 2001. The UKCC investigation found no case to answer (Mrs Richards case). Subsequent re-referral to the NMC (replacing the UKCC), has been made again by the police in the form of their Expert Witness reports. News is awaited on the outcome.		
46. What action was taken by the Nursing Director to investigate professional nursing standards following the allegation in 1998 and the receipt of the police reports in 2002?	This question is again addressed by Max Millett's response. However, a full investigation was held when the police expert witness report was received in February 2002. The past situation was highly complex, being dealt with in different ways by different organisations. The nursing staff at GWMH have been under extreme duress; with an initial internal investigation, two police investigations, the		

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	Ombudsman investigation, an Independent Review, CHI, two GMC and UKCC investigations. Yet at no time until 2002 were complaints received about the quality of nursing care made explicit. On retrospect and with the Clinical Governance systems and knowledge we have now, a Board led investigation would be considered appropriate.		
47. A need identified to review the activity co-ordinator role.	Activity Co-ordinator Daedalus Ward 20 hours. Job description attached. Small working group to clarify role established. Recommendations early July.		Job description
48. What were the results of the recent audit of record keeping, pain management, nutrition and fluids records and what further action is need?	Results showed good assessment documentation but lack of evidence in some cases of specific care plan generation.		Audit summary and action plan.
49. What action has been taken regarding improving nursing supervision?	Local action plan developed, scoping exercise underway.		Local action plan

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
	This will be taken forward as part of the project brief for the Nurse development facilitator.		
50. What further action is planned to improve the quality of nursing records?	Local action plan developed, scoping exercise underway. This will be taken forward as part of the project brief for the Nurse development facilitator.		Local action plan
51. Are the passage of time, the existence of changed policies, the training of staff and the current performance of individual's sufficient reasons for deciding not to pursue disciplinary action in the face of serious concerns?	A formal meeting was convened by the Director of Nursing to review current performance. The result of this was meetings with individual members of staff and the development of specific action plans.		Action re specific nurses.
52. Concern re the lack of documentation regarding nutrition and complacency, as locally written protocols had not been produced throughout the service.			Local action plan. Enteral feeding guidance training plan.

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
Are local protocols now in place at Gosport War Memorial Hospital?	No local protocols, however significant work in progress re training and development of nursing staff.		
53. Concern at lack of recorded nurse training re syringe drivers and drug competencies on Dryad, Daedalus and Sultan. Has access to and recording of training improved? How many nurses have now been trained?	31/48 nurses have completed drug competencies this year 2002/2003. Training has been arranged for Aug with Grasby rep. CMs currently checking competencies with staff.		
54. Need to sustain the improvement in nurse leadership in the hospital, especially Dryad ward.	New F grade since Jun 01. acting up from Nov 01 supported by H grade. CM returning from long term sick leave on formal performance plan.		
55. Concern at lack of regular ward meetings on Dryad. Are there regular nurse meetings on Dryad now?	In place since Nov 01.		Notes of meetings.
56. Concern regarding swallowing assessments out of	Training currently provided by SLT ? issue.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
hours. Nurses need to be trained.			
F Multi Disciplinary Team Working			
57. Meeting is less well developed on Dryad and Sultan. What have we done to improve this?	Although no planned MDT meeting on Dryad or Sultan, members of the MDT do meet with nursing staff individually to discuss patients under their care. Both wards believe there is a need to enhance MDT support to these wards.		
58. Need to ensure hospital pharmacist participate in multi disciplinary team meetings and have access to medical/nursing notes.	No actual attendance on ward rounds but is on Daedalus on ward round day.		
G Communications			
59. Lack of clarity with regard to what types of care are available for the elderly (what does slow	Common definitions exist as part of the generic transfer document and guidelines for transfer to		Generic transfer document Intermediate care specific.

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

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stream rehab mean etc) and what are the likely outcomes. This leads to differing expectations, which are not helpful. Need for common definitions for PHT, Gosport War Memorial Hospital, GP's, Patients and families.	Daedalus. May be some advantage to producing a whole document incorporating all wards at GWMH.		
60. Who has responsibility for implementing the "User Involvement in Service Development Framework"?	Clinical Governance team.		
61. How is the PCT implementing PALS and ensuring users and carers are involved?	Health Community wide PALS currently under development. PALS Administrator has been in post 2 weeks and is developing a baseline assessment of information availability and gaps in practices and services. She will pick up simple concerns and queries as they arise. PALS Co-ordinator to start at end of July. Aim of role: To set up service in each of PCTs To develop training and education programmes for PALS		

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	To support individual patients/ staff etc. where there are queries and concerns. To develop monitoring and reporting system for each PCT. Jill Irish funded one day per week to support development of PALS and a network between PHT and PCTS. PALS issues picked up currently by complaints staff as informal complaints.		
62. How can we ensure that findings of patient surveys are shared across the PCT?	Reported via service reviews.		
63. Difficulty in managing transferred patients from PHT where a "more rosier picture than could be justified" had been painted. What action have we taken with PHT and Elderly Medicine?	Generic transfer document and Sultan admission criteria. All wards at PHT and RHH have copies.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
H Admission Criteria			
64. Patients with higher dependency are now being admitted to Sultan. We need to review the criteria.	This has been in response to PHT red alert status. GPs have the final say on who is admitted. PR/FC to review criteria with GPs.		
65. Confusion over what types of care are available for elderly people and what the anticipated outcome are also see communications with family rehabilitation means slow stream etc need common definitions.	See 59. Work also progressing to produce info folders for each patient.		
66. How to react to the more complex case mix? Need for a review of nursing and medical staff.	Admission criteria have been reviewed and are being adhered to. There is no perceived need for a medical/nursing review at this time. Discussions are underway re increase of one session consultant.		

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"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
I Communications with Relatives			
67. Managing expectations. What was the outcome of the review of the Daedalus multi disciplinary team review of patient outcomes against referral letter goals and ward clinical policy?	Proposal to be shared with team and facilitator identified.		
68. What have we done to improve communication with relatives especially with regard to death and bereavement?	Work has taken place to improve documentation of communication with relatives. A piece of work is to be undertaken by the CHC this autumn to elicit information regarding patients/relatives perception of communications at GWMH and to make recommendations.		
J Organisational Arrangements			
69. Do we need to formally link Gosport Hospital Elderly Medicine Services with East Hants PCT and/or link all Elderly Medicine Services with PHT?.	The current arrangements did not pertain at the time of the complaints.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

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	However, we are committed to review these arrangements alongside other agreements within the next 18 months.		
K Transfer Arrangements			
70. Problems with transfers from Haslar. What have we done re improving arrangements?	Appointment of staff grade has ensured admissions seen almost immediately. The ward also take admissions 5 days per week as opposed to 3 days in 1998/99.		
L Patients Own Clothes			
71. What have we done to ensure patients are able and do wear their own clothes?	There is a patient's laundry, which is used to support patients where there is no other means of laundering or at relative's request. The wearing of own clothes is an integral part of the management of patients.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

`Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
M Clinical Governance			
72. Understanding of risk management is patchy. What can we do to improve this?	New clinical governance manager is proposing to introduce clinical risk awareness sessions for nursing staff.		
73. What have we done to strengthen gathering the views of users?	Quarterly patient satisfaction monitoring – some environmental changes made.		
74. How are we linking with East Hants PCT's Clinical Governance arrangements?	There are established links in relation to specific issues, (CPR, Medical devices, Risk assessment training).		
75. What have we done to close the loop ie to ensure that practice is changed and improved following audit and other types of investigations?	All complaint responses now generate an independent action plan which will be monitored through the service review process and by the complaints manager. The audit process requires an action plan phase which will also be addressed in service reviews.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
76. CHI less confident that medical staff used the risk reporting system. What can we do to improve this?	Training events for medical staff to be arranged.		
77. CHI less confident re awareness of the whistle blowing policy. How can we increase awareness?	Agenda for cascade via team meetings to establish training requirements.		From July meetings.
78. Need to ensure we sustain the Divisional Performance Review process to ensure a regular focus on Quality issues/develop Clinical Governance Section.	Will remain a key component of the Service Review process.		

Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
Summary			
79. We need to pull together a list of all actions taken at Gosport War Memorial Hospital since 1998 to the present day in relation to medical staffing, prescribing, nursing, communications etc.	List attached		List of developments attached.