

AGENDA ITEM
PCTB 07/01

Fareham and Gosport 

Primary Care Trust

BOARD SUMMARY PAPER

Title: Commission for Health Improvement Investigation into Portsmouth HealthCare NHS Trust at Gosport War Memorial Hospital – Final Report from the CHI Implementation Group

Background and Summary

The Gosport War Memorial CHI Implementation Group held its first formal meeting in November 2002. It was established to co-ordinate and monitor the implementation of action to achieve the CHI Investigation Report recommendations.

Progress and implementation up to the end of October 2003 is attached in Appendix A. This reflects the delivery of the majority of the recommendations. Further work has been undertaken since October to conclude actions relating to the remaining recommendations (3 – 6). A report outlining action completed by the 15 December 2003 is attached in Appendix B.

The Hampshire and Isle of Wight Strategic Health Authority required the implementation Group to produce a summary of the lessons learned for each of the recommendations. This is attached in Appendix C.

The ongoing monitoring and co-ordination of the Action Plan will transfer formally to the PCT's Clinical Governance Committee. This will provide a mechanism for sustained delivery of the recommendations for action.

Should we have some other than EHAs form?

Recommendations

1. To note:
Progress report as at 31 October 2003 (Appendix A)
Action Plan for recommendations 3 – 6 (Appendix B)
Lessons learned for each recommendation (Appendix C)
2. To approve the formal handover to the Clinical Governance Committee for sustained delivery and monitoring of the Action Plan.

Date : 9 January 2004

Paper Prepared by

Kathryn Rowles/Noreen Kickham, Director of Public Health

CHI ACTION PLAN - PROGRESS REPORT AS AT END OF OCTOBER 2003

Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action(s) completed
Rec: 1	To develop performance monitoring arrangements to ensure that any performance shortfalls in the provision of services for older people at Gosport War Memorial Hospital are identified and addressed swiftly.	<ul style="list-style-type: none"> • Appointment of Operational Director for Secondary Care - in post • Develop a Service Level Agreement (SLA) for Older People's Services with jointly agreed principles, clinical governance standards and responsibilities, and key performance criteria – by December 2002 • Establish a system for monitoring and performance managing Service Level Agreement arrangements – January 2003 • Set up and run regular dedicated clinical/ management meetings that involve the associate lead consultant – from December 2002 	<p>Tony Horne</p> <p>Neil Stubbs</p> <p>Neil Stubbs</p> <p>Neil Stubbs</p>	<p>44</p> <p>4</p> <p>4</p> <p>44</p>	<ul style="list-style-type: none"> • Operational Director in post – appointed September 2002 • Draft SLA produced by East Hants PCT. To be finalised by December 2003. • Performance monitoring arrangements documented in SLA – to be undertaken through Service Review process and bi-annual hosted Service Review arrangements. • Elderly Care Service Planning meetings established led by East Hants PCT 	<ul style="list-style-type: none"> • Job description of postholder • Second draft version of SLA • As above • Terms of Reference for Fareham & Gosport Older People's Services Clinical Management meetings • Notes of meeting held 29 September 2003 - Key issues discussed included: managing hosted services and risk sharing
Rec: 2	To review the policy for admitting patients to Sultan Ward at Gosport War Memorial Hospital	<ul style="list-style-type: none"> • Establish a meeting to review and revise, as necessary the criteria for admitting patients to Sultan ward – completed September 2002 • Establish a Gosport War Memorial Hospital Medical Committee to review criteria for GP admissions to Sultan 	<p>Fiona Cameron</p> <p>Fiona Cameron</p>	<p>44</p> <p>44</p>	<ul style="list-style-type: none"> • Guidelines and criteria for admission to Sultan Ward reviewed, ratified and monitored through existing Gosport GP Committee – meetings held two monthly • GP bed position at GWMH is a standing agenda item on GP Committee • PCT Operational Service Managers attend GP Committee meetings. 	<ul style="list-style-type: none"> • Notes of GP Committee meetings held in January, March and May 2003. Actions agreed in relation to: approval of guidelines for the assessment and admission to GP beds, GP bed utilisation/capacity and GP cover. • Copy of revised guidelines on admission to Sultan Ward.

Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 3	To review all local prescribing guidelines to ensure appropriateness for current levels of patient dependency on elderly care service wards.	Ward - Jan 2003 <ul style="list-style-type: none"> Establish a process to ensure that ongoing review of the admissions policy is undertaken as part of routine review, and in particular in response to service changes 	Fiona Cameron	44	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
		<ul style="list-style-type: none"> Establish Medicines Management Group as a sub group of the Area Prescribing Committee, to oversee the review and guideline development process where necessary - Group established by November 2002. 	Code A Jeff Watling	4 4	<ul style="list-style-type: none"> First formal meeting of Medicine's Management Group held May 2003. Delay in establishing Committee due to securing professional support across 3 PCTs and acute trust for Committee. 0.5WTE Drug Therapy Guidelines Pharmacist took up post July 2003 and accountable to District Pharmacist (PHT). (Recruitment difficulties delayed appointment). Responsible for co-ordinating the review, development, monitoring and auditing of drug therapy guidelines across the local health economy. 	<ul style="list-style-type: none"> Notes of Medicine's Management Committee meeting held on 13 May. Key actions include agreement of key functions of Committee, policy for the production, approval, review and audit of drug therapy guidelines, and the four priority areas for guideline review. Terms of Reference of Committee Meetings held on a quarterly basis. Policy for production of Drug Therapy Guidelines Copy of job description of Drug Therapy Guidelines Pharmacist
		<ul style="list-style-type: none"> Carry out a review and revision of guidelines in 6 key areas - by March 2003 	Code A Jeff Watling	4	<ul style="list-style-type: none"> Guidelines to be reviewed in 4 priority areas by 15 December 2003; confusion in the elderly, fluid replacement in the elderly, sedation in terminal illness and pain control in the elderly. 	<ul style="list-style-type: none"> <i>Copies of revised Guidelines in the 4 key areas</i> <i>Copy of guideline launch plan for GWMH</i>
		<ul style="list-style-type: none"> Audit prescribing against initial 6 revised guidelines and assess appropriateness in 	Code A Jeff Watling	X	<ul style="list-style-type: none"> Audit process will be agreed and in place for guideline launch at Gosport War Memorial Hospital during December 2003. 	<ul style="list-style-type: none"> <i>Copy of audit tool</i>

KEY:

44 = Action achieved

4 = Action in hand

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 4	To establish comprehensive pharmacy service support to wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> relation to patient dependency levels – by December 2003 Ensure staff training requirements arising from revised guidelines are integrated into PCT training programmes, and as new guidelines are reviewed and developed and implemented – ongoing 	Code A	X	<ul style="list-style-type: none"> Training programme to be developed to address needs identified through guideline audit process by February 2004. 	<ul style="list-style-type: none"> <i>Audit report and action plan</i> <i>Training programme</i>
		<ul style="list-style-type: none"> Review the current level of pharmacy services provided based on the existing Service Level Agreement, and prepare a business case to enhance provision, which includes an explicit specification for Out of Hours cover – by October 2002 	Fiona Cameron	44	<ul style="list-style-type: none"> Business case for additional community pharmacy support prepared by Portsmouth Hospitals Trust December 2002, 0.8WTE Clinical Pharmacist took up post October 2003 with Fareham & Gosport PCT. (Recruitment delays due to lack/shortage of applications for job). 	<ul style="list-style-type: none"> Copy of Business case Copy of job description
		<ul style="list-style-type: none"> Integrate additional investment /pharmacy activity into Service Level Agreement - by January/February 2003 Establish central point of reference for Pharmacy Staff working in satellite sites - in place 	Fiona Cameron Code A	4	<ul style="list-style-type: none"> Revised SLA to take account of additional investment in clinical pharmacist appointment by Fareham & Gosport PCT by 15 December 2003. Supply part of current SLA with PHT will not change. Copy of Guide to Community Pharmacist support in all key clinic and hospital sites in PCT area 	<ul style="list-style-type: none"> <i>Revised SLA</i> Copy of relocation of Pharmacy Services to Community Hospitals
			Code A Fiona Cameron	44		

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 5	To review and monitor prescribing of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan ward.	<ul style="list-style-type: none"> ▪ Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan wards - by March 2003. ▪ Carry out a retrospective audit of diamorphine prescribing on Sultan ward to ensure that current guidelines are implemented – by December 2002 ▪ Establish a system for routine monitoring and auditing of narcotic analgesic prescribing on wards, including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial Hospital - by March 2003 ▪ Carry out monthly analysis of prescribing data and investigate sudden changes – by April 2003. 	<p style="text-align: center;">Code A /Fiona Cameron</p> <p style="text-align: center;">Ian Reid/ Code A Code A</p> <p style="text-align: center;">Ian Reid/ Code A Code A</p> <p style="text-align: center;">Code A Jeff Watling</p>	<p>XX</p> <p>44</p> <p>4</p> <p>4</p>	<ul style="list-style-type: none"> • Work programme for 0.8WTE Clinical Pharmacist agreed by 15 December 2003. PCT to advertise for a pharmacist technician to support data monitoring activity by January 2004. • Audit undertaken by PCT's Clinical Governance Manager. Report produced March 2003 • A Pain & Controlled Drug Monitoring Group established across the local health economy for elderly people. • Induction period for newly appointed Clinical Pharmacist at GWMH concluded. System to be in place from beginning of December 2003. • A critical path analysis reflecting the appropriate action to be taken in response to a prescribing problem has been developed and tested - to be in place by December 2003. • PCT audit of prescribing of analgesics Dec 02 – Feb 03 carried out during March 2003. Remit widened May 2003 to include Elderly Mental Health and drugs with potential for misuse, across whole health economy. • Portsmouth Hospitals have established a process for monthly 	<ul style="list-style-type: none"> • <i>Copy of work programmes</i> • <i>Coy of job description for pharmacy technician.</i> • Audit report and action plan. Key actions targeted on amendment and dissemination of existing Pain Management Policy and associated guidelines, sharing audit findings with GPs and heads of service. • Notes of meetings held 13 May and 24 June 2003. Key actions agreed in relation to piloting a pain assessment/rationale for analgesia chart in a number of Community Hospital/locations. • <i>Copy of Critical Pathway and dissemination plan targeting staff on all elderly wards at Gosport war Memorial Hospital and St Christopher's Hospital</i> • Copy of Audit report and action plan • <i>Monthly data analysis report</i>

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Rec: 6	To ensure that all-relevant staff, including GPs, in Fareham & Gosport and East Hampshire and PCTs are trained in prescription, administration, review and recording of	<ul style="list-style-type: none"> ▪ Ensure dissemination of prescribing data to medical staff to support rigorous routine review - by May 2003 • Establish short life group (as a sub-group of the Medicines Management Group) to review and make recommendations for action regarding training and development -group established by November 2002 and plan developed - by March 2003 • Ensure the integration of prescribing training requirements into PCT training delivery programmes – by April 2003 • Carry out an audit of the 	<p>Ian Reid/ Code A Code A</p> <p>Ian Reid/ Code A Code A</p> <p>Ian Reid/ Code A Code A Fiona Cameron</p>	<p>4</p> <p>4</p> <p>4</p>	<p>audit. Fareham & Gosport PCT Clinical Governance Executive lead receives monthly data for monitoring purposes</p> <ul style="list-style-type: none"> • A monitoring framework has been agreed and Clinical Pharmacist will undertake ongoing implementation. • Medical Director and Pharmaceutical Adviser currently responsible for addressing any prescribing anomalies identified through audit data with medical staff. • Clinical pharmacist work programme to include monthly dissemination of prescribing data to medical staff to support rigorous routine review. • A Training plan for GWMH will be identified from the findings of the audit of revised guidelines in the 4 priority areas by January 2004 (reference recommendation 3 above). • Ensure implementation of training from January 2004 linked to the revision and audit of clinical/prescribing guidelines • Audit completed on a sample of patients (prescribed analgesic 	<ul style="list-style-type: none"> • <i>Copy of monitoring framework</i> • <i>Outline dissemination plan</i> • <i>Training needs assessment and training plan</i> • <i>Coverage and uptake of training by of relevant staff</i> • <i>Audit report and action plan</i>

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec 7	medicines for older people. To ensure that lessons from patient complaints and comments are disseminated amongst all staff caring for older people in Fareham & Gosport and East Hampshire PCTs	quality and legibility of prescribing notes to facilitate discussions between medical staff/GPs - by April 2003.	Fiona Cameron	44	during Dec 02 – Feb 03). Report to be finalised by August 2003 and results presented to PCT Clinical Governance Committee	<ul style="list-style-type: none"> Sample of East Hants PCT Quality Newsletter SEQUAL September 2001 and Newsletter April 2002. Copy of framework and template to promote organisational learning. Copy of revised Fareham & Gosport PCT Complaints Policy integration into induction programme. Approx. 10-15 new members of staff attend monthly induction from all service areas of PCT. Notes of Clinical Manager's meeting held on 10 March 2003. Actions agreed in relation to the complaint process, risk management training, critical incident reporting and quality improvements, including patient information. Notes of Portsmouth & South East Hampshire Risk Managers Network meetings held July 2002. Network's
		<ul style="list-style-type: none"> Action and learning points from complaints to be included in PCT Quality Newsletter SEQUAL in East Hants PCT - from Oct 2002 	Sue DK	44		
		<ul style="list-style-type: none"> All complaints and lessons learned to be fed through Service Clinical Governance Groups in East Hants PCT - in place 	Sue DK	44	<ul style="list-style-type: none"> Revised Complaints policy reviewed and launched March/April 2003 across Gosport War Memorial Hospital. 	
		<ul style="list-style-type: none"> Review Complaints Policy in Fareham & Gosport PCT - by Dec 2002, and provide training to support implementation of new policy - by March 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> Monthly Clinical Manager meeting held. 	
		<ul style="list-style-type: none"> Representatives from Service Clinical Governance Groups to continue to share lessons at team meetings – ongoing 	Sue DK/Fiona Cameron	44	<ul style="list-style-type: none"> Two monthly meetings held involving Risk Managers from each organisation across Portsmouth & 	

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Rec: 8	To ensure that nursing/other staff at Gosport WM Hospital are appropriately trained to undertake swallowing assessments	<ul style="list-style-type: none"> Action plans generated from each complaint in Fareham & Gosport PCT to be monitored through Quarterly Service Review process until action completed by Service Managers – by October 2002. 	Fiona Cameron	44	South East Hampshire.. <ul style="list-style-type: none"> Service Review process reviewed and further developed during 2002 to include broader focus on trend analysis and outcomes of action planning. 	<ul style="list-style-type: none"> main purpose to ensure controls assurance within and across organisation. Key action agreed in relation to complaint trends concerning record keeping, fluids and poor communication. Notes of Risk Managers Network meeting held March 2003. Action agreed to establish a district wide 'CLIP' Group to focus on organisational learning and improvement in response to complaints, litigation and incidents. Copy of Quarterly Service Review reports for 2nd and third quarter 2002 detailing complaints/trends and action plans.
		<ul style="list-style-type: none"> Engage Speech and Language Therapy in providing additional training programmes - to commence early October 2002 Initiate an audit to assess the impact of training and to identify unmet need - by March 2003. Implement agreed action plan arising from audit 	Fiona Cameron	44	<ul style="list-style-type: none"> Competency based model of training developed at three levels to ensure all qualified staff and support workers acquire basic to advanced skill in swallowing assessment. Audit was carried out simultaneously to assess level of individual training required. 	<ul style="list-style-type: none"> Training programme proposal 100% of all qualified staff trained in initial swallowing assessment Copy of ward staff induction programme, incorporating basic swallowing assessment training Audit report and action plan Copy of action plan
			Fiona Cameron			

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Rec: 9	to enable patient care needs to be met across 24 hours To review and clarify the role of the Activities Co-ordinator at Gosport War Memorial Hospital	findings - by October 2003		44		
		<ul style="list-style-type: none"> ▪ Widen the membership of the Activities Co-ordinator Working Group to include patient / relative, medical and pharmaceutical staff representation - by December 2002 ▪ Review the need for the Activities Co-ordinator role to be used in specific ward areas and recommend a way forward - by April 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> • Consultation with patients and relatives on proposal to extend/develop role of Activities Co-ordinator undertaken in April 2003 through focus groups. 	<ul style="list-style-type: none"> • Copy of proposal and job description. Key purpose of postholder is to promote and assist patients to participate in therapeutic activities, including helping them to meet their nutritional and hydration needs.
Rec: 10	To ensure clinical practice relating to continence management nutrition and hydration are in line with the standards set out in 'Essence of Care' at Gosport War Memorial Hospital	<ul style="list-style-type: none"> ▪ Undertake an audit and analysis of compliance against national standards and identify a plan of action to implement standards - by Nov. 2002 	Fiona Cameron	44	<ul style="list-style-type: none"> • Additional funding secured – postholder appointed by July 2003. 	<ul style="list-style-type: none"> • Audit Report and action plan
		<ul style="list-style-type: none"> ▪ Re-launch 'Essence of Care' standards with nursing and other profession leads - by March 2002. 	Fiona Cameron	44	<ul style="list-style-type: none"> • A retrospective audit undertaken and action incorporated as part of launch of Essence of Care Standards. 	<ul style="list-style-type: none"> • Approx .150 staff involved representing all senior clinical staff from each nursing area.
		<ul style="list-style-type: none"> ▪ Identify a lead/link nurse for each care standard area - by March 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> • Four interdisciplinary launch events held during March 2003. 	<ul style="list-style-type: none"> • List of link nurses and copy of Nurse Development Report
				44	<ul style="list-style-type: none"> • Volunteers identified to establish a link network for essence of care standards across Fareham & Gosport PCT in all clinical areas. 	

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Rec: 11	Memorial Hospital To ensure that communications with staff working in community hospitals are continued in both Fareham & Gosport and East Hampshire PCTs	<ul style="list-style-type: none"> ▪ Feedback CHI action plan and progress reports through regular meetings with staff – ongoing ▪ Finalise internal communications improvements in each PCT – by December 2002. • Implement PCT Communications Plan in East Hants PCT – from September 2002 	Sue DK/Fiona Cameron Sue DK/Fiona Cameron Sue DK	44 44 44	<p>Further workshops planned to support ongoing development. Nurse Development Report (see rec. 15) captures action plan for this.</p> <ul style="list-style-type: none"> • Cascade system of communication established via existing communication mechanisms ie. staff meetings and staff briefings /newsletters 	<ul style="list-style-type: none"> • Copy of Communications Plan for cascading CHI Action Plan during Nov 2002 – Jan 2003 in Fareham & Gosport and East Hants PCTs • Copy of April Briefing (progress report on implementing CHI recommendations) • Copy of NewsReach May 2003 (article on Gerontological Nurse Development programme) • Copy of Communication Plan
Rec: 12	To determine the best way to improve communication with older patients and their relatives /carers	<ul style="list-style-type: none"> ▪ Produce draft outline Patient and Public Involvement Strategy, incorporating staff communications in Fareham & Gosport PCT by January 2003. ▪ Review Nurses Directory in Fareham & Gosport PCT – by March 2003. ▪ Fareham and Gosport PCT to develop a 	Noreen Kickham / Kathryn Rowles Fiona Cameron Noreen Kickham / Kathryn Rowles	44 44 44	<ul style="list-style-type: none"> • Paper incorporating strategic framework and action plan for 2003/4 on patient and public involvement approved by PCT Board in Jan 2003; • Work to involve patients and relatives progressed through the development of a Patient Advice 	<ul style="list-style-type: none"> • Copy of Patient and Public Involvement Framework and Action Plan 2003/4. Action identified under 4 strategic themes: patient experience, service user involvement in service planning, community development and communication/engagement with staff. • Copy of revised Nurse Directory • PALS Annual report and quarterly monitoring report for period ending June 2003.

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Rec: 13	To review 'Out of	process for consulting with key local organisations/user groups in relation to older people - by March 2003.	Kathryn Rowles	44	<p>and Liaison Service at Gosport War Memorial Hospital and St Christopher's Hospital.</p> <ul style="list-style-type: none"> HealthFit initiative focusing on older people's services has captured service user perspectives. CHC presentation to the PCT Board in May – audit to be completed St Christopher's Community Hospital in Fareham before end of December 2003. Re-printed July 2003 Refer recommendation 2 action. Initial meeting held July 2002. Out of Hours Service meetings held 	<ul style="list-style-type: none"> Healthfit feedback report - phase three/four Copy of revised patient information leaflet and booklets for each ward. Copy of CHC report and PCT action plan. Action targeted on clarifying the role of named nurses, ensuring all staff identifying themselves when speaking with patients/relatives, identifying means by which patients can access and communicate with doctors and developing the communication/information process for patients/relatives admitted and transferring from hospitals Copy of 'Because we Care' booklet Notes of July 2002 meeting. Key actions agreed re; quality standards, response times, GP clinical
		<ul style="list-style-type: none"> Ensure information about services at Gosport War Memorial Hospital is available at Queen Alexandra Hospital, St Mary's Hospital and RH Haslar for patients and families prior to transfer. Information leaflets to be prepared - by end March 2003. Follow-up of actions arising from the communication audit undertaken by the Community Health Council – by March 2003. 	Fiona Cameron	44		
		<ul style="list-style-type: none"> Review the "Living with Bereavement" booklet – by March 2003 	Fiona Cameron	44		
		<ul style="list-style-type: none"> Review and renew the 'Out of Hours' contractual agreement for medical 	Fiona Cameron	44		

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Rec: 14	Hours' medical cover to Daedalus, Dryad and Sultan wards at Gosport War Memorial Hospital To ensure appropriate patients are admitted to Gosport War Memorial Hospital and receive appropriate levels of support.	cover on consultant led Dryad and Daedalus wards – by December 2002	Fiona Cameron	44	quarterly in addition to an annual Out of Hours Contract review meeting	supervision/education, contract value and frequency of review meetings.
		<ul style="list-style-type: none"> ▪ Review the admissions criteria for GP led Sultan ward - by Sept 2002 ▪ Implement alternative models of 'Out of Hours' Service - by Jan 2002. 	Fiona Cameron	44		<ul style="list-style-type: none"> • Copy of Admission Criteria policy • Copy of Out of Hours medical cover contract
		<ul style="list-style-type: none"> • Review the admissions policy for Sultan - by September 2002 and for Dryad and Daedalus wards – by December 2002. 	Fiona Cameron / Ian Reid	44	Refer recommendation 2	<ul style="list-style-type: none"> • Copies of revised admissions policies for Sultan, Dryad and Daedalus wards.
		<ul style="list-style-type: none"> • Undertake audit of patients admitted to Daedalus, Dryad and Sultan Wards to determine the appropriateness of admission against new admissions policy Sultan Ward 2002, Daedalus & Dryad – by June 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> • Audit initiated in June. 	<ul style="list-style-type: none"> • <i>Audit report and action plan</i>
					44	
Rec: 15	To establish arrangements in Fareham & Gosport PCT to ensure strong, long-	<ul style="list-style-type: none"> ▪ Establish a 6 month secondment Practice Development post facilitate leadership developments in Gosport War Memorial Hospital – by September 2002 ▪ Establish nursing 	Fiona Cameron	4	<ul style="list-style-type: none"> • Secondment extended for a further year from April 2003 to progress other Community Hospital and strategic nursing development work across Fareham & Gosport PCT 	<ul style="list-style-type: none"> • Copy of Practice Development Facilitator job description and Progress Report • Terms of reference for nursing

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Rec: 16	term nursing leadership on all wards at Gosport War Memorial Hospital	reference groups that will identify and implement clinical support processes in conjunction with Practice Development postholder - by December 2002	Fiona Cameron	44	<ul style="list-style-type: none"> Strategic themes have been identified and comprehensive consultation with community nurses underway. First draft due Dec 2003. 	reference group
		<ul style="list-style-type: none"> Develop PCT Nursing Strategy - by September 2003 	Fiona Cameron	44		
		<ul style="list-style-type: none"> Establish an implementation group to support development and delivery of PCT nursing strategy – by December 2002. 	Fiona Cameron	44		
		<ul style="list-style-type: none"> Evaluate the Gerontological Nursing Programme - by November 2002 		4		
Develop local policy guidance in relation to GPs who work as Clinical Assistants in Community Hospitals in Fareham and Gosport PCT.		<ul style="list-style-type: none"> Develop guidance for using GPs as Clinical Assistants to inform personnel policy and employment practice - by March 2003 	Jane Parvin/Ian Reid	44	<ul style="list-style-type: none"> Draft policy produced and consultation completed. Policy awaiting final ratification by Medical Advisory Committee and PCT PEC in October 2003 before formal adoption 	<ul style="list-style-type: none"> Copy of Final Report Final copy of policy
				44		
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Rec: 17	To ensure arrangements are in place for continued learning and monitoring of action arising from complaints across Fareham & Gosport and East Hants PCTs	<ul style="list-style-type: none"> Utilise Service Review process and bi-annual hosted services review arrangements to oversee monitoring of trends and action taken in relation to complaints Complaints trends and actions shared through Clinical Governance Committees and Quarterly Quality report – in place in East Hants PCT Set up PCT Complaints Panel in East Hants PCT –by Oct 2002 Review Complaints Policy in Fareham & Gosport PCT - by March 2003 Develop mechanism for sharing lessons learnt from complaints across both organisations, which are timely and effective – by March 2003 	<p>Ian Piper / Tony Horne</p> <p>Fiona Cameron / Sue DK</p> <p>Sue DK</p> <p>Fiona Cameron</p> <p>Sue DK / Fiona Cameron</p>	<p>44</p> <p>44</p> <p>44</p> <p>44</p>	<ul style="list-style-type: none"> Existing formal mechanism for Service review both within and across the 2 PCTs was revised and further refined during autumn of 2003 Two monthly meetings between Clinical Governance leads across PCTs to share good practice, issues and trends 	<ul style="list-style-type: none"> Copies of July – Sept 2002 and Oct – Dec 2002 Community Service Review, documenting trends and actions taken regarding complaints. As above Terms of Reference of Panel Copy of revised policy Copy of notes of meeting held 28 April 2003. Key actions agreed in relation to mechanisms for sharing risk and complaints reports, community service and elderly service reviews, and re-clarification of the main purpose of the risk manager's network and their accountability as part of PCT clinical governance structures.
Rec: 18	To ensure all staff on Dryad,	<ul style="list-style-type: none"> Develop comprehensive complaints and customer care training programme for staff that links to the 	Sue DK / Fiona Cameron	44	<ul style="list-style-type: none"> Customer Care Training programme now a mandatory part of PCT staff training programme and is currently being reviewed and revised to 	<ul style="list-style-type: none"> <i>Copy of revised Customer Care Training component of PCT training programme</i>

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
	Daedalus and Sultan attend customer care and complaints training, which are developed with patients, relatives and staff	<p>PALS and induction training programmes – by March 2003</p> <ul style="list-style-type: none"> Ensure that all medical staff can demonstrate that they continue to improve their communication skills through their Continuous Professional Development programme – medical staff aware of this requirement by April 2003 	Ian Reid/Andrew Patterson	4	<p>ensure links with PALS and Complaints by the Training & Development Service, hosted by Fareham & Gosport PCT on behalf of the 3 local PCTs. To be agreed by February 2004.</p> <ul style="list-style-type: none"> Annual appraisal process in place for all consultant and non - consultant medical staff working at Gosport War Memorial Hospital. GPs who hold Clinical Assistant posts will be appraised as part of GP appraisal process. 	<ul style="list-style-type: none"> Letter dated 28 August 2003 from Medical Director confirming that: all medical staff appraisals have been concluded. Summaries of consultant appraisals undertaken since March 2003 included, which identify that communication skills of consultant staff at GWMH are of a high level. Other medical staff have regular meetings with educational supervisor - communication skill training is addressed through this process GP appraisal process being actively rolled out across PCT area to be concluded my March 2004 - 55% coverage of GP staff as at September 2003.
Rec: 19	To ensure clinical governance developments are fully maintained and supported	<ul style="list-style-type: none"> Implement Quality Strategy and annual action plans in East Hants PCT – ongoing Produce a Clinical Governance Framework/Action Plan for Fareham and Gosport PCT – by January 2003. 	Sue DK Fiona Cameron	44	<ul style="list-style-type: none"> Submitted for PCT Board approval March 2003 	<ul style="list-style-type: none"> Copy of Strategy and annual action plan for East Hants PCT Copy of Clinical Governance Framework and development plan 2003/4 embracing actions re: processes for quality improvement (risk management, clinical audit,

KEY:

44 = Action achieved

4 = Action in hand

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 20	within Fareham & Gosport and East Hants PCTs To ensure all staff are aware of the requirement to complete risk and incident reports	<ul style="list-style-type: none"> Produce a Quality Development Plan for Fareham and Gosport PCT – by Sept 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> First draft of Clinical Governance Strategy to be produced November 2003. 	<ul style="list-style-type: none"> complaints), the patient experience, use of information, staff, leadership and strategic planning. Copy of Clinical Governance Strategy.
		<ul style="list-style-type: none"> Ensure clear PCT structures and accountabilities for Clinical Governance - in place. 	Ian Piper / Tony Horne	44		
		<ul style="list-style-type: none"> Audit current reporting mechanisms to test robustness – by March 2003 	Sue DK / Fiona Cameron	4	<ul style="list-style-type: none"> Incorporated as part of junior doctors/new medical staff induction programme and monthly PCT induction programme for new staff. 	<ul style="list-style-type: none"> Copy of review report//action plan from East Hampshire PCT Copy of CASU assessment and action plan from Fareham & Gosport PCT. Actions targeted in areas including development of risk registers, addressing gaps in risk/controls assurance, developing a comprehensive system of benchmarking 52 staff during the 5-month period April - August 2003 attended PCT induction programme. There are 37 risk assessors identified - one in each clinical area in Fareham & Gosport PCT Letter dated 28 August from Medical Director confirming local arrangements/processes in place for medical staff. Risk training issues picked up through 1-1 sessions with educational supervisor. 5 Medical staff working at GWMH and St
		<ul style="list-style-type: none"> All staff, including medical staff, are trained in the completion of risk management forms and basic risk management & awareness – ongoing Risk management training for junior doctors and new medical staff on induction - from January 2003 	Ian Reid/ Fiona Cameron / Sue DK	44		
			Ian Reid/ Fiona Cameron / Sue DK			

KEY:

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of action completed
Rec: 21	To ensure systems are in place to identify and monitor trends revealed by risk reports and action is taken	<ul style="list-style-type: none"> Re-launch risk incident forms in Fareham & Gosport PCT - by March 2003 	Fiona Cameron	44	<ul style="list-style-type: none"> Risk incident forms to be re-launched in GWM and St Christopher's Hospitals. A revised risk scoring system has been developed and new risk incident forms currently at printers Mechanism to share quality and risk data established. See recommendation 17. Quality reports incorporated as part of Service Review process, which was reviewed and amended autumn 2002 and as part of regular performance monitoring reports submitted to PCT Board 	<p>Christopher's Hospital have undergone risk event training during 2002/3.</p> <ul style="list-style-type: none"> Copy of revised risk incident forms and documentation of re-launch programme. 43 staff attended formal risk assessment training during 2002/3, All Heads of Service (15 staff) from both Community Hospitals attended re-launch event. Refer to evidence identified for recommendation 17
		<ul style="list-style-type: none"> Further develop the current quarterly quality reporting mechanism in East Hants PCT to make explicit action taken and lessons learned – from October 2002 Agree process for cross organisational reporting and sharing lessons/ learning lessons – by March 2003 	Fiona Cameron / Sue DK	44		<ul style="list-style-type: none"> As above
		<ul style="list-style-type: none"> Review quarterly quality reporting mechanism in Fareham & Gosport PCT - by March 2003 	Fiona Cameron / Sue DK	44		<ul style="list-style-type: none"> Copy of Service Review Oct - Dec 2002 and PCT Board report June 2003
Rec: 22	To ensure 'Whistle Blowing'	<ul style="list-style-type: none"> Develop an audit trail to identify any gaps in the current system – by June 2003 	Sue DK / Fiona Cameron	44		<ul style="list-style-type: none"> Copy of audit process and programme

KEY:

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Action point	Objective	Action required & timescales	Accountability	Status	Progress report as at 31/10/03	Documentary evidence of actions completed
	policies across the PCTs enable staff to raise concerns outside normal management channels	<ul style="list-style-type: none"> • Implement recommendations as a result of audit - by September 2003 • Work with Joint representative committee to review policy • Redefine "whistleblowing" to gain greater acceptance amongst staff. • Revise and approve - by June 2003 • Establish a programme for investigation officer training 	<p>Sue DK / Fiona Cameron</p> <p>Jane Parvin</p> <p>Jane Parvin</p> <p>Jane Parvin</p> <p>Jane Parvin</p>	<p>44</p> <p></p> <p></p> <p>44</p> <p>4</p> <p></p> <p>44</p> <p>44</p> <p>44</p> <p>4</p>	<ul style="list-style-type: none"> • Process of review underway. • Pan PCT and Portsmouth Hospitals Trust stakeholder event, which included staff side representation held 16 June 2003 to revise and amend existing policy • Policy to August Board meeting for final approval • Process for investigation officer training approved across the 3 local PCTs. Shared Training Service to co-ordinate implementation 	<ul style="list-style-type: none"> • <i>Copy of action plan</i> • <i>Copy of revised policy</i> • <i>Copy of training programme - frequency and numbers attending first event.</i>

KEY:

44 = Action achieved

4 = Action in hand

X = Action not due to start**XX = Not progressed within agreed deadline**

Appendix B

Fareham and Gosport 

Primary Care Trust

Recommendation	Action Required and Timescales	Action by 15/12/2003	Action Achieved 15/12/2003
3. To review all local prescribing guidelines to ensure appropriateness for current levels of patients dependency on elderly care service wards	<ul style="list-style-type: none"> Establish Guideline and Medicines Management Group as a sub group of the Area Prescribing Committee, to oversee the review and guideline development process where necessary – Group established by November 2002 	<ul style="list-style-type: none"> Guidelines and Medicines Management Group established - met on 17th November 2003. 	
	<ul style="list-style-type: none"> Carry out a review and revision of guidelines in 4 key areas – by March 2003 Audit prescribing against initial 4 revised guidelines and assess appropriateness in relation to patient dependency levels – by December 2003 Ensure staff training requirements arising from revised guidelines are integrated into PCT training programmes and as new guidelines are reviewed and developed and implemented - ongoing 	<ul style="list-style-type: none"> Status of revision of 4 guidelines indicated below: <ol style="list-style-type: none"> Fluid Replacement in the Elderly: – Revised and Agreed Pain control in the Elderly:- Policy agreed and pathway identified Sedation in terminal illness: Wessex Guidelines (revised version) agreed for local implementation Confusion in the Elderly:- Guideline has been revised, additional amendment to reflect community hospital environment <p>Action: Code A to finalise guidelines with Sue Chan, Toni Scammell & Fiona Cameron by end Nov 2003</p>	Guidelines reviewed, revised and agreed by Portsmouth & SE Hants Guidelines and Medicine Management Group.

Appendix B

Recommendation	Action Required and Timescales	Action by 15/12/2003	Action Achieved 15/12/2003
		<ul style="list-style-type: none"> Dissemination of Guidelines to be undertaken by 15th December 2003 <p>Action: Code A to develop dissemination plan, including guidelines launch, and co-ordinate implementation with Justina Jeffs.</p> <p>Launch and implementation by 15th Dec 2003</p>	Dissemination plan developed and guidelines disseminated on Daedalus, Dryad and Sultan Wards (includes dissemination to nursing and medical staff and local GPs).
		<ul style="list-style-type: none"> Guideline Audit process to be established for 4 Guidelines (and ongoing) <p>Action: Justina Jeffs to adapt and apply Peer Review for clinical policies for Guideline Audit. Audit process to be in place for guideline dissemination by 15th December 2003. See Recommendation 6 for audit and subsequent training.</p>	Audit tool developed for implementation during January/February 2004 and will now form part of rolling audit process.
4. To establish comprehensive pharmacy service support to wards at Gosport War Memorial Hospital	<ul style="list-style-type: none"> Review the current level of pharmacy services provided based on the existing Service Level Agreement and prepare a business case to enhance provision, which includes an explicit specification for Out of Hours cover – by Oct 2002 Integrate additional investment/pharmacy activity into Service Level Agreement – by Jan/Feb 2003 	<ul style="list-style-type: none"> Service Level Agreement (including PCT Clinical Pharmacy Role and Pharmacy Technician role & Out of Hours cover to be agreed. <p>Action: Jeff Watling to produce first draft SLA by 24th Nov 2003. Final SLA to be in place by 15th Dec 2003</p>	Service Level Agreement for Pharmacy Services to GWMH between PHT Pharmacy Service and Fareham and Gosport PCT has been agreed.

Appendix B

Recommendation	Action Required and Timescales	Action by 15/12/2003	Action Achieved 15/12/2003
	<ul style="list-style-type: none"> • Establish central point of reference for Pharmacy staff working in satellite sites – in place • Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan Wards – by March 2003 	<ul style="list-style-type: none"> • Clinical Pharmacist for Gosport War Memorial Hospital took up post 13th October 2003 - induction period underway <p>Action: Work programme and involvement in ward rounds (Dryad, Daedalus & Sultan) and Pharmacy Service provision by 15th Dec 2003 – to be agreed by Fiona Cameron</p>	<p>Work programme for PCT Clinical Pharmacist working on Daedalus, Sultan and Dryad wards at GWMH in place. This includes timetable for involvement in ward rounds.</p>
<p>5. To review and monitor prescribing of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan Ward</p>	<ul style="list-style-type: none"> • Carry out a retrospective audit of diamorphine prescribing on Sultan Ward to ensure that current guidelines are implemented – by December 2002 • Establish a system for routine monitoring and auditing of narcotic analgesic prescribing on wards, including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial Hospital – by March 2003 • Carry out monthly analysis of this data and investigate sudden changes – by April 2003 • Ensure dissemination of prescribing data to medical staff to support rigorous routine review – by May 2003 	<ul style="list-style-type: none"> • Audit undertaken and action plan produced. Meeting arranged for 28th Nov 2003 (Justina Jeffs & Sue Chan) to agree: <ul style="list-style-type: none"> - Routine monitoring process - Identify information requirement from Pharmacy Service PHT - Re-audit process for diamorphine prescribing <p>Action: Sue Chan to lead implementation of Routine monitoring process and re-audit - in place by 15th Dec 2003</p>	<p>Routine monitoring framework revised and re-launched on Gosport War Memorial wards. Monthly review group to be set up (Sue Chan and Justina Jeffs) to ensure action is taken where problems have been identified.</p>

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Recommendation	Action Required and Timescales	Action by 15/12/2003	Action Achieved 15/12/2003
		<ul style="list-style-type: none"> Jeff Watling to produce monthly analysis/report on prescribing. Report to be circulated to:- Althea Lord (Consultant) Sue Chan (Clinical Pharmacist) Code A (Pharmaceutical Adviser) <p>Action: First formal report to be received from Jeff Watling by 10th Dec 2003.</p>	<p>Process for sharing monthly high-level data has been agreed and actioned. Details documented in SLA.</p>
		<ul style="list-style-type: none"> Jeff Watling to continue to undertake monthly analysis (as above) – outlying trends to be reported as critical incident reporting process. <p>Action: Data to be disseminated to: Sue Chan (Clinical Pharmacist) Code A (Pharmaceutical Adviser) Althea Lord (Consultant).</p>	<p>Ongoing</p>

Appendix B

Recommendation	Action Required and Timescales	Action by 15/12/2003	Action Achieved 15/12/2003
<p>6. To ensure that all relevant staff, including GPs in Fareham & Gosport and East Hants PCTs, are trained in prescription, administration, review and recording of medicines for older people.</p>	<ul style="list-style-type: none"> Establish short life group (as a sub-group of the Medicines Management Group) to review and make recommendations for action regarding training and development – Group established by Nov 2002 and plan developed by March 2003 Ensure the integration of prescribing training requirements into PCT training delivery programmes – by April 2003 	<p>Audit of Guidelines to be undertaken January 2004 and Training Plan to be developed by end Jan 2004.</p> <p>Action: Justina Jeffs to co-ordinate/implement audit (Jan 2004). Code A to develop training plan (end of Jan 2004) for implementation during February 2004.</p>	<p>Audit and development of training plan to be progressed during January and February 2004.</p>
	<ul style="list-style-type: none"> Carry out an audit of the quality and legibility of prescribing notes to facilitate discussions between medical staff/GPs – by April 2003. 	<p>Audit of quality and legibility of notes undertaken. No further action identified</p>	<p>Medication Errors Group established and will continue.</p>

Please find listed below, generalisable action points that were identified at the meeting:

- Justina Jeffs to share the peer review for clinical policies with ND, East Hants PCT
- Code A to share copy of critical pathway with ND, for East Hants PCT to disseminate to its own service
- Justina Jeffs to share audit tools applied for legibility/quality of prescribing notes with ND, East Hants PCT

Appendix C

GOSPORT WAR MEMORIAL HOSPITAL CHI INVESTIGATION

CONCLUSIONS

- Insufficient local prescribing guidelines in place for governing prescribed pain relieving and sedative medicines
- Lack of rigorous routine review of pharmacy data
- Inadequate supervision and appraisal systems lead to poor prescribing practice not being identified.
- Lack of thorough multidisciplinary total patient assessment

KEY FINDINGS

Arrangements for prescription, administration, review and recording of medicines

- Concerns regarding quantity, combination, lack of review and anticipatory prescribing of medicines to older people

Quality of care and patient experience

- Relatives had serious concerns about care their relatives received

Staffing arrangements and responsibility for patient care

- Concerns regarding the lack of systems in place to monitor and appraise the performance of clinical assistants

Lessons learnt from complaints

- Lessons were not learnt and changes in patient care were not effected as the result of patients complaints

Appendix C

RECOMMENDATIONS

	Lessons Learned/Key Action taken
1. Performance monitoring is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly	Need for clearly defined SLA with host provider of elderly services, incorporating quality standards and monitoring arrangements. Ensure mechanism in place to integrate service planning between clinical leads and managerial leads.
1. PCTs should, in consultation with local GPs, review the admission criteria for GP wards	Establish regular review with GPs regarding casemix for GP led ward(s) to inform development and updating of admissions criteria. Ensure a clear process in place for dissemination/increased understanding (casemix and criteria) of use of GP beds.
2. Review local prescribing guidelines to ensure their appropriateness for current levels of dependency	Ensure robust process in place across local health economy to review, develop and monitor implementation and compliance with local prescribing guidelines. Identify accountable leads within each organisation responsible for leading the process above on behalf of their PCT/Trust. Additional resource investment may be required across the economy to facilitate and co-ordinate the development and review of shared guidelines.
3. Review the provision of pharmacy services to wards	Specificity of SLA with host provider of pharmacy services needs to reflect resource investment, service delivery and monitoring arrangements. Assert opportunity to reconfigure models of clinical pharmacy provision – this could result in direct employment by PCT.
4. Ensure a system to routinely review and monitor prescribing of all medicines on wards	Establish a clear definition of the data and monitoring trends at ward and wider service level (macro and micro level monitoring). Establish a clearly defined process for analysis of data, dissemination and follow up action. Ensure fail-safe system for reporting prescribing anomalies through the development of a critical path analysis (this reflects the appropriate action to be taken in response to a prescribing problem).

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Appendix C

5. All relevant staff, including GPs, are trained in the prescription, administration, review and recording of medicines for older people	Ensure that the review/development of guidelines incorporates audit and training need assessment for all those engaged in the prescribing, administration and review of medication.
6. All patients complaints and comments, both informal and formal, should be used at ward level to improve patient care	Ensure streamlined systems within the organisation are in place to feedback learning from PALS and complaints to influence and improve service delivery. Establish a mechanism for sharing key lessons learnt across organisations where there is hosted service provision.
7. Ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours	Ensure a competency-based model of training is developed and implemented at different levels to ensure all grades of staff have appropriate skill base.
8. Daytime activities should be increased	Organisations should recognise the need for and importance of investing in non clinical activities for this care group.

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	Lessons Learnt/Key Action taken
9. Ensure that continence management, nutrition and hydration practices are in line with the national <i>Essence of Care</i> standards	Ensure clear accountability for implementation and monitoring of national standards.
10. PCTs must find ways to continue staff communication developments	A variety of clearly defined and systematic communication mechanisms are required to ensure that staff are kept informed and updated on key issues.
11. PCTs, within the PALs framework, should consult with user groups and review specialist advice to improve communication with older patients, their relatives and carers	Establish ward-based system to record feedback from users, relatives and carers to inform improved patient care.
12. Provision of out of hours should be reviewed and the PCT should work to a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework	Need to plan sufficient time to develop and implement complex models of out of hours provision across GP and consultant led services. Additional investment required to achieve quality out of hours cover.
13. Appropriate patients are admitted to GWMH with appropriate levels of support	Establish regular review of casemix to inform development and updating of admissions criteria. Ensure a clear process in place for dissemination/increased understanding (casemix and criteria) of use of consultant and GP beds
14. Ensure strong, long-term nursing leadership on all wards	Visible, strong nursing leadership needs to be evident from Board to ward level. Ensure all nursing staff have the opportunity for ongoing appraisal and CPD.
15. Develop local guidelines for GPs working as clinical assistants, which addresses supervision and appraisal arrangements, clinical governance responsibilities and training needs	Significant investment of time is required in developing shared guidelines/policy across local trusts.
16. Ensure learning and monitoring of action arising from complaints	Need whole systems approach to monitor and implement actions arising from complaints up, down and across the organisation.
17. Ensure customer care and complaints training for staff	Ensure customer care and complaints training is mandatory component of PCT staff training programmes.

Appendix C

18. Embrace clinical governance developments made and direction set by the Trust	Ensure there is a comprehensive understanding of the core elements of clinical governance up down and across the organisation and this is translated into a robust strategy with action plans. Monitoring of clinical governance activities to be sustained through clearly defined audit programmes and evidence of achievement and sustained implementation.
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Appendix C

	Lessons Learnt/Key Action taken
19. Completion of risk and incident reports is a requirement for all staff and training must be in place	There is a need to undertake constant review of implementation of risk and incident reporting arrangements at all levels of the organisation.
20. Clinical governance systems must be in place to regularly identify and monitor trends revealed by risk reports and ensure that action is taken	There is a need to undertake constant review of implementation of risk and incident reporting arrangements at all levels of the organisation.
21. Revision of whistle blowing policy to make it clear that concerns may be raised outside of normal management channels	Creation of a culture that enables staff to raise issues when concerns are identified is critical – policy development is one strand to support this. Board leadership is key.
22. HIOWSHA should use the findings of this investigation of influence the nature of local monitoring of national service framework for older people	