

GENERAL BRIEFING – JULY 3RD 2002

CHI Report into Services at Gosport War Memorial Hospital

1. This document provides information in connection with the publication of the Commission for Health Improvement's (CHI) report into services at Gosport War Memorial Hospital.
2. The report:
 - raises serious concerns about prescribing practice in 1998
 - recognises that a lot has been done since then to improve care
 - makes a number of recommendations to build on what has been done

General Briefing

1. The CHI report was published this morning (July 3rd 2002).
2. There are three key aspects of the CHI report:
 - serious concerns about prescribing practice in 1998
 - a recognition that a lot has been done since then to improve care and that current clinical practice is good
 - a number of recommendations to build on what has been done
3. Now hand out the Executive Summary and Press Release.
4. The key points in the Executive Summary are:
 - ❖ There were insufficient local prescribing guidelines, lack of a rigorous, routine review of pharmacy data, and an absence of adequate trust wide supervision and appraisal systems which meant that poor prescribing practices was not identified. In addition there was a lack of through multi-disciplinary total patient assessment.
 - ❖ CHI also concluded that the Trust now has adequate policies and guidelines in place which are being adhered to governing the prescription and administration of pain relieving medicines to older patients.
 - ❖ CHI has serious concerns regarding the quantity, combination, lack of review and anticipatory prescribing of medicines prescribed to older people on Dryad and Daedalus wards in 1998. CHI is unable to determine whether these levels of prescribing contributed to the deaths of any patients, it is clear that had adequate checking mechanisms existed in the Trust, this level of prescribing would have been questioned. However, CHI welcomes the introduction and adherence to policies regarding the prescription, administration, review and recording of medicines.
 - ❖ There were no arrangements in place for the adequate supervision of the Clinical Assistant working on Daedalus and Dryad wards in 1998.
 - ❖ There are now clear accountability and supervisory arrangements in place for Trust doctors, nurses and allied health professional staff.
 - ❖ The Trust should have responded earlier to concerns expressed around levels of sedation, which it was aware of in late 1998. Portsmouth HealthCare NHS Trust did effect changes in patient care over time as a result of patient complaints, including increased medical staffing levels and improved processes for communication with relatives, though this learning was not consolidated until 2001. CHI saw no evidence to suggest that the impact of these changes had been robustly monitored and reviewed.
 - ❖ The Trust responded proactively to the clinical governance agenda and had a robust framework in place with strong corporate leadership.
5. CHI recognition of developments to date: -

CHI recognises that a lot has been done by staff:

- The Trust now has adequate policies/guidelines in place for the prescription and administration of pain relieving medicines
 - Introduction of assessment and pain management policy
 - “Nurses demonstrated a good understanding of pain assessment tools and the use of analgesic ladder”.
 - Adherence confirmed by CHI Case Notes Review
 - CHI has no significant concerns about the standard of nursing care
 - The CHI Review Case Notes found:
 - good documentation of communication with patients and relatives regarding medication/use of syringe driver/pain policy
 - adequate recording of patient fluid intake/output.
 - CHI observation:
 - “ward staff were welcoming, friendly and open”
 - handovers well conducted
 - mealtimes well organised
 - There are now clear accountability supervision and appraisal arrangements for medical, nursing and other health professionals.
E.g. appointment of senior nurse co-ordinator.
 - Work done to learn from the complaints e.g. “nursing documentation now clearly identifies prime family contacts and next of kin information to ensure appropriate communications with relatives”.
 - Positive response to clinical governance.
 - “Most staff interviewed were aware of the principles of clinical governance and were able to demonstrate how it related to them in their individual roles”.
 - “demonstrated a good knowledge of the risk reporting system”.
6. Next stage: PCT needs to agree an action plan with CHI by the end of August.
 7. There is likely to be further media interest in this issue.
 8. This has been a long drawn out and at times distressing process – thank-you all again for your co-operation with the CHI review, and for continuing to provide a high standard of care.