

ANNUAL REPORT (1998/99) (FILE1 4.1)

ANNUAL REPORT (1999/00) (FILE1 4.2)

ANNUAL REPORT (2000/01) (FILE1 4.3)

The trust aims to provide “effective healthcare for local people” based on four organisational values: Performance matters, People matter, Pounds matter and Partnerships matter. (File1, 4.1).

AIMS

During 1998/99 it worked towards a number of key aims which included:

- Maintain quality of services
- Extend staff development and training initiatives
- Reprovide long stay hospitals
- Strengthen relationships with other health and social care providers. (File1, 4.1).

During 1999/00 also worked towards aim of supporting acute service reprovision (File1, 4.2)

Some of trusts plans for 2000/01 were to

- Meet financial and activity targets
- Comply with targets set for CG
- Maintain quality of services
- Support implementation of HImP
- Develop joint investment plans for adult mental health care and services for older people
- Develop information services and IT infrastructure
- Develop further collaborative working with health partners
- Implement “Working Together” proposals for employment practice
- Improve grounds and gardens for Gosport War Memorial Hospital (file1 4.3)

ACTIVITY

During the year (1998/99) it met or exceeded activity targets set by the Portsmouth and South East Hampshire HA. (File1, 4.1). In 2000/01 performance targets were “generally” met (File1, 4.3)

ACHIEVEMENTS

Achievements in 1998/99 relevant to elderly medicine or Community Hospitals included:

COMMUNITY HOSPITALS

- The ‘GOSDOC’ scheme was extended. Here GPs use the GWMH at evenings and weekends as part of an oncall service

- Staff at community hospitals received training in minor injuries and a good practice forum was launched to share good ideas
- Additional outpatient clinics were provided in collaboration with Portsmouth Hospitals (File1, 4.1).

ELDERLY MEDICINE

- Nursing and Medical staff shortages remain. Consultants faced increased demand for their time following the successful implementation of a FNOF service
- Trust's stroke service recorded high scores in National Sentinel Stroke Audit
- Initiatives to ease winter pressures introduced (File1, 4.1).

Developments in 1999/00 relevant to elderly medicine or Community Hospitals included:

COMMUNITY HOSPITALS/GP BEDS

- Schemes to provide better and more local services, as well as to ease pressure on hospital beds, introduced in winter
- Family doctors continued to play a central role in providing and developing services
- IIP accreditation achieved
- Work to secure better feedback for patients/clients completed
- Difficulties experienced in recruiting and retaining the right staff
- Social Work staff are now based at GWMH to help ease the transfer out of hospital of patients needing continuing help

ELDERLY MEDICINE

- Pressure on staff was intense despite initiatives to keep vacancy levels to a minimum
- Clinical practice facilitator provided continence, nutrition and wound care support
- Discharge lounge introduced to reduce beds earlier
- Funding for 4th SpR secured
- Service identified as centre of good practice on acute wards by Help the Aged national report (File1, 4.2)

The 1999/00 Annual Report states that "pressure on elderly medicine services remain significant" (File1, 4.2)

Achievements in 200/01 relevant to elderly medicine or Community Hospitals included:

- Launch of older person's nursing development programme in conjunction with RCN
- Involvement in running intermediate care schemes – a series of initiatives to help winter pressures and reduce waiting times

Other initiatives on training and development of staff improving facilities and introduction of new risk management strategy may also have been significant for these areas (file14.3)

In 2000/01 4 individuals and 5 team awards were presented awards in recognition of work to improve performance, develop partnerships with other organisations and

support carers. Awards given to Minor Injuries unit at GWMH and to an individual for support she gives colleagues in Dept of Elderly medicine (File1 4.3)

CLINICAL GOVERNANCE

During 1998/99 a key priority was to begin to implement clinical governance. Other work to improve quality was completed, including

- Clinical Nurse Development programme introduced. Was consolidated during 1999/00 (File1, 4.2)
- 26 Clinical audits completed, others started
- Survey of patients and clients carried out
- Practice facilitator role was created in the Dept of Medicine for Elderly people, for tissue viability, nutrition, incontinence (File1, 4.1).

During 1999/00 trust continued to develop CG. Each clinical service now has in place a cg group and baseline assessments carried out in each speciality. Five important areas of work have been identified and will be pursued: Strengthen clinical audit, develop greater patient involvement, ensure staff have access to good research evidence, develop computer systems to be able to monitor effectiveness of patient care, produce PDPs for staff and install system of clinical risk assessment.

Clinical Governance panel oversees CG at Trust. During 2000/01 key clinical and managerial staff attended workshops aimed at strengthening approach to clinical audit, risk management, education and CPD. Each service has its own clinical governance forum where clinical practice is reviewed (File1, 4.3).

A number of changes introduced in 2000/01 including:

- All clinical audit projects are independently reviewed and action plans systematically appraised
- Risk event reports are formally reviewed every 3 months
- Programme for reducing number of falls by elderly people introduced
- Infection Control Committee established and new infection control arrangements put in place
- Resuscitation policy reviewed in light of national guidelines
- Internet access established at 140 locations
- Training in internet and research appraisal skills provided
- Annual performance appraisal scheme put in place for all clinical staff (file1, 4.3).

Funding for a research project to examine the relationship between elderly people and their therapists to see how this can be made more effective was obtained (File1, 4.3)

During 1998/99 Medical Director was appointed as Clinical Governance lead and CG Committee created as sub committee of board. (File1, 4.1).

Clinical Nursing development programme established –main topics are clinical supervision, use of research evidence and development of clinical leaders. (File1, 4.1).

COMPLAINTS

During year 1998/99 97 complaints were received. Most were resolved locally. Over 90% were acknowledged within 2 days and almost half of all complaints were responded to within 4 weeks. The number of complaints is reducing each year, but the ay are becoming more complex. Trust seeks to learn from complaints and a number of improvements to services have been introduced as a result (non specifically for GWMH). Five requests were received for an independent review, 2 panel hearings took place. (File1, 4.1).

During 1999/00 92 complaints received. 56% responded to within 20 working days. Most complaints concerned clinical treatment or attitude of staff. Three requests for IR were submitted – 3 refused and 1 sent back for local resolution (File1, 4.2). A new database to assist record keeping and analysis if trends became operational in 1999/00. The system for managing complaints was reviewed and revised (File 1, 4.2).

During 2000/01 85 complaints were received. 7 IRs requested. Of these, 2 were subject to additional reviews locally, 2 were resolved by the review panel, 2 required no further action and one was awaiting decision (File1 4.3). Trust tries to involve those making complaints in deciding and planning further actions.

A number of improvements have been made: - staff training in communication skills and better patient information (File1, 4.2). Improvements made following complaints in 2000/01 included developing guidelines to help staff break bad news more sensitively, monitoring sessions were established with the Trust's transport provider, procedures for smear tests was altered, alarms fitted to Community Hospital doors, weekend catering was improved at a community home (File1 4.3)

STAFFING

At end of March 1999 3,263 wte staff in post. This increased to 3,377 in March 2000 and 3.483 in March 2001 Around two thirds of workforce is nursing staff. (File1, 4.1, 4.2, 4.3).

Staff are encouraged to express their views and contribute to decision making within trust. Staff have contributed to development of a number of policies (including Whistle blowing Policy, Domestic abuse policy and Staff Charter). (File1, 4.1, 4.2).

Retention figures have improved for 5th year running (1998/99) and turnover rate is 12% (8.4% for nurses). (File1, 4.1). In 1999/00 turnover rate was still low 12.3% (8.6% for nurses) (File1, 4.2). In 2000/01 it was 11.2%. Sickness rate was 5.3% and remained similar to previous years (File1 4.3). There have been difficulties in maintaining an acceptable level of trained nursing staff posts within the Department of Medicine for Elderly People. Shortages there caused the temporary closing of 1 ward during winter. Trust has pursued a number of initiatives to address the difficulties, both in short and medium term (Fiel1, 4.2).

Several more Trust services achieved IIP in 1999/00 including community hospitals and therapies. Majority of trust services now possess the award and rest are pursuing accreditation (File1, 4.2).

An (?Education?) strategy group was established in 1999/00 to ensure that main priorities are identified and met. It works in partnership with the universities of Portsmouth, Southampton, and Bournemouth, local colleges to provide education to staff. There is an extensive in-house programme and most divisions work to the standards required by IIP. Trust is also a member of the Hampshire and IOW Education Purchasing Consortium (File1, 4.2).

Quarterly newspaper "HealthCare first" gives information to staff. Weekly publication "Communicate" gives staff opportunity to share ideas and successes in addition to routine information. Monthly system of Information Exchange introduced where groups meet face to face with their manager to offer views and hear organisational news. Teams and departments are encouraged to have 'away days' to develop patient services within their areas of responsibility (File1, 4.1, p16). Series of factsheets also produced in 1999/00 on specific topics relevant to work place (File1, 4.2)

Annual Conference for staff and their representatives in 1999/00 was attended by Health Minister (John Denham). Conference is recognised as an example of excellence nationally in NHS (File1, 4.2).

Work at the trust on staff involvement in management of trust is valued and encouraged and has been recognised as good practice.

Trust also supports 'Open government' and during 1999/00 TB held 5 meetings in public. Regular dialogue encouraged with local client groups and regular contact is maintained with patient organisations. Scrutiny from news media is encouraged and senior managers and clinicians equipped to deal with this (File1, 4.2)

FINANCE

Trust met all its financial targets in 1998/99. Twenty one percent of the money was spent on Elderly medicine. This was the highest proportion for any aspect of the services provided (File1, 4.1, p19).

Met 2 out of 3 targets in 1999/00 – Didn't break even was £234,000 short of its budget limit (File1, 4.2). Again 20% of budget goes on services for elderly people (File1, 4.2). Met all 3 targets in 2000/01 (File1 4.3)

In 2000/01 22% of money was spent on Elderly Medicine

RISK MANAGEMENT

Annual risk assessment were continued in 1999/00 but focussed mainly on H&S issues (File 1 4.1)