

Portsmouth HealthCare   
NHS Trust

# **DIVISIONAL REVIEW**

**(JAN - MAR 2001)**

## **GOSPORT & FAREHAM DIVISION**

**16TH MAY 2001**

## **INDEX:**

- 1. Summary of key issues**
- 2. Key Governance Indicators**
- 3. Clinical Governance**
  - 3.1 Complaints  
Letters of Thanks/Donations**
  - 3.2 Clinical Governance Action Plans**
  - 3.3 Clinical Audit Reports**
  - 3.4 Risk Assessments**
  - 3.5 Waiting Times**
  - 3.6 Clinical Effectiveness**
- 4. Workload Activity**
- 5. Finance**
  - 5.1 Martin Gould**
  - 5.2 Service Issues**

**6. Human Resources****6.1 HR Stats - No stats available this quarter****6.2 Service Issues****7. Operational Issues****7.1 Community Hospitals****7.2 Community Nursing****7.3 Health Centres****7.4 EMH****7.5 Physio****7.6 O.T.****7.7 Podiatry**

## **1. Summary of Key Issues**

- 1.1 No notes of previous review - cancelled. A number of items are repeated in this review.**
- 1.2 Podiatry Reception  
(See 7.7)**
- 1.3 Intermediate Care Training & Development  
Full update at 3.6.**
- 1.4 Gerontological Nursing Development Programme**

**The first meeting to develop the above took place in March.**

**The programme is aimed at all F & G grade nurses in Community Hospitals and will be undertaken by the RCN.**

**Next steps include:**

- Identification of members of an advisory group of stakeholders**
- Generation of critical companions person specification**
- Identification of the 'critical companion' - individual nurses who will support small groups undertaking the programme**
- Agreement re proposed start dates:  
- critical companions - June '01  
- full programme - Sept 01**

**A first meeting of the project management group is scheduled for end June '01**

**2. KEY GOVERNANCE INDICATORS (BY SERVICE)**

## 2.1 Community Hospitals

## KEY GOVERNANCE INDICATORS - Quarterly Divisional Review

Topic	Start Date	Actions/responsibility	Target Date	Completion date
<b>Assessed Risks</b>				
<b>Lift between floors - Briarwood St Xs</b>	<b>July 2000</b>	Work on door. Risk Assessment score - 8	<b>End March '01</b>	Work completed April '01. Lift now back in operation.
<b>GWMH Taps</b>	<b>July 2000</b>	Replacement taps prioritised £19,000 initial work in patient areas Risk score 6/7 Scalding/Infection control	<b>When funding available</b>	
<b>Complaints</b>				
<b>Code A</b> - <b>Daedalus</b>	<b>Aug '98</b>	Awaiting response from CPS	<b>?</b>	
<b>Code A</b> - <b>Dryad</b>	<b>Jan '00</b>	Independent Review Panel	<b>Date set - 22.5.01</b>	
<b>Code A</b> - <b>Dryad</b>	<b>Nov '98</b>	Ombudsman	<b>Report received Apr '01 Complaint not upheld</b>	

## 2.2 EMH

Topic	Start Date	Actions/responsibility	Target Date	Completion date
<b>Assessed Risks</b>				
<b>Staff shortages in patient areas</b>	<b>Dec '00</b>	Contingency arrangements agreed.	<b>Reviewed 2 weekly</b>	<b>Stood down end Mar '01</b>
<b>Critical Incident Medical Cover Mulberry Ward</b>	<b>12.4.01</b>	Staff grade Doctor - DNA for duty To be discussed with Lead Consultant	<b>w/c 23.4.01</b>	

## 2.3 Health Centres

Topic	Start Date	Actions/responsibility	Target Date	Completion date
<b>Assessed Risks</b>				
<b>Bomb threat - Gosport Health Centre</b>	<b>7.3.01</b>	Critical Incident review undertaken. Meeting to be arranged between <b>Code A</b> re. policy issues.	<b>Apr/May '01</b>	

### 3. CLINICAL GOVERNANCE INDICATORS

#### 3.1 COMPLAINTS

Service	COMPLAINTS	REVIEW
<p><b>Formal</b></p> <p><b>Community Hospitals (A15)</b></p> <p><b>Formal</b></p>	<p><b>Code A</b> 8/00 - Sultan Letter sent Jan '01 following meeting with family. Nil since. Assume resolved.</p> <p>* See Analysis of Complaints Workshop and Action Plan at 7.1.2</p>	<p>No further action</p>
<p><b>Informal</b></p>	<p><b>Code A</b> - 12/00 Parking at St Christopher's Hospital. No response from Fareham Borough Council.</p>	<p>No further action</p>
<p><b>Dental (A17)</b></p> <p><b>Formal</b></p>	<p><b>Code A</b> - 03/01 Complaint re. attitude of dentist Investigation continues Holding letter sent.</p>	
<p><b>Podiatry (A20)</b></p> <p><b>Formal</b></p>	<p><b>Code A</b> 03/01 Complaint re. cancelled home visit. Apology sent 28.3.01</p> <p><b>Code A</b> 01/01 Complaint re. service and handling of earlier complaint Notes not available until January Apology given</p>	<p>Resolved</p> <p>Resolved</p>



**3.1 COMPLAINTS**

Service =	COMPLAINTS	REVIEW
<p><b>Podiatry (A20)</b></p> <p><b>Informal</b></p>	<p>The service has received 8 informal complaints re. waiting times</p>	
<p><b>Physiotherapy (A26)</b></p> <p><b>Formal</b></p>	<p><b>Code A</b> 03/01 Re. Physio Service</p> <p><b>Code A</b> 06/00 Now resolved.</p>	<p>Investigation complete</p> <p>Issues discussed at Clinical Reference Group</p>
<p><b>Occupational Therapy (A27)</b></p> <p><b>Formal</b></p>	<p><b>Code A</b> 3/01 Complaint re. home assessment visit and discharge arrangements</p>	<p>Response sent 10.4.01 Action has been taken</p>

## 3.1 COMPLAINTS

Service -	COMPLAINTS	REVIEW
<p><b>Formal</b></p> <p><b>EMH (A11)</b></p> <p><b>Mulberry Ward</b></p> <p><b>Summervale</b></p>	<p><b>Code A</b> - 10/00 Complaint re. care and discharge</p> <p><b>Code A</b> - 12/00 Meeting with daughter and staff</p>	<p>Now resolved Full investigation complete Son satisfied with outcome.</p> <p>Now resolved.</p>
<p><b>Community Nursing</b></p> <p><b>Informal</b></p>	<p>Health Visiting - Two clients requested a change of health visitor, which was arranged.</p> <p>School Nursing - New member of staff used the words "failed an eye test" inappropriately. This was picked up by a local optician. A letter was sent to the optician thanking her for highlighting this indiscretion and the team was given a reminder about the use of appropriate words.</p>	

## LETTERS OF THANKS AND DONATIONS

	Total Number
<b>GOSPORT WAR MEMORIAL HOSPITAL</b>	<b>37 (Donations £1426.00)</b>
<b>ST CHRISTOPHER'S HOSPITAL</b>	<b>22 (Donations £595.00)</b>
<b>COMMUNITY NURSING</b>	District Nursing ~ 3 + family of late patient fund-raising for syringe driver  Health Visiting ~ 9
<b>HAVANT &amp; PETERSFIELD</b>	HWMH ~ 18 (Donations £400.00)  EMVH ~ 7 (Donations £250.00)  PCH ~ 36 (Donations £6665.95)
<b>THERAPIES</b>	Physiotherapy - 28
<b>DENTAL</b>	14
<b>HEALTH CENTRES</b>	Nil letters. Tokens of gratitude, biscuits, chocolates received.

### 3.2 CLINICAL GOVERNANCE ACTION PLANS

<p><b>COMMUNITY HOSPITALS</b></p>	<p>Standards</p> <ul style="list-style-type: none"> <li>Standards have been agreed related to the 7 pillars of Clinical Governance as part of the clinical network for Community Hospitals planned for 2001. This will include sharing the results of complaints, reviewing audit results and in particular this year, the bed rail audit and Audit of IPR process.</li> </ul>
<p><b>COMMUNITY NURSING</b></p>	<p><b><u>District Nursing</u></b></p> <p><u>Clinical Supervision</u> - There are now 5 Clinical supervision groups in the Fareham and Gosport area providing peer supervision in mixed groups of district nurses and health visitors. These groups will be evaluated at the end of the year.</p> <p>District Nurses are represented on the Fareham and Gosport PCGs Nursing Think Tank. District Nurses contributed to two very well attended evening workshops organised by the Think Tank.</p> <p>The Fareham and Gosport District Nursing Clinical Governance Group will have its next meeting on 30.3.01</p> <p><b><u>Health Visiting</u></b></p> <p>9 HVs attending the evening Joint Nursing Presentation of Clinical Governance.</p> <p><b><u>School Nursing</u></b></p> <p>Evidence based practice groups have now been set up.</p> <p>Enuresis - user carer, we have received the first user questionnaire from the enuresis care pathways package, the feedback has been acted</p>

	<p>upon.</p> <p>The Health Promotion Nurses have received positive feedback from an Ofsted inspection in a failing school. Schools generally are giving positive feedback to health promotion lessons. The mainstream nurses have received phone calls thanking them for their help and advice.</p>
<p><b>EMH</b></p>	<p><b><u>Staff Involvement</u></b></p> <ul style="list-style-type: none"> <li>• A number of staff from Redclyffe, Summervale, and Phoenix attended Communication and Caregiving training funded by consortium with very positive outcomes. A series of continuing assessment development meetings has been established to review care, and staff of all grades are participating.</li> <li>• Evaluation of MDT assessment and joint working day attended by reps from all teams and speaker from jointly run team in Somerset. Action plan to develop MDT Assessment written to be forwarded by steering group.</li> </ul> <p><b><u>Audit</u></b></p> <p>Audit presented at MDT Education meeting. Clinician to be nominated as Audit Co-ordinator to ensure clear communication about projects, feedback to Clinical Governance Group. Training to be provided to aid professional development.</p> <ul style="list-style-type: none"> <li>• User involvement survey continues on Ark Royal</li> <li>• Cares/ users questionnaire circulated for feedback on Younger People with Dementia project</li> <li>• Continued work with Alzheimer's Society new carers support group established at St Christopher's to support memory Clinic Users</li> </ul>

<b>OT</b>	<ul style="list-style-type: none"><li>• The first round of the peer review groups has proved very successful.</li><li>• The OT Contract Group is being re-defined as the OT Clinical Effectiveness Group and will base its agenda on the 7 pillars of clinical governance. The membership will be reviewed and various sub groups created to inform its work.</li><li>• The OT notes are now in a standardised format based on the Reed and Sanderson Model of Occupational Therapy. Staff have been trained and the implementation date is May 1st 2001.</li></ul>
<b>Physio</b>	<b>Clinical Network</b> <ul style="list-style-type: none"><li>• This group ensures that the clinical governance requirements for Physiotherapy across the health economy are met. It has recently reviewed its terms of reference in the light of the move to PCTs and will now also serve to co-ordinate services throughout the district. In particular, it will ensure that a good span of junior and senior 2 rotations remains and that these are well supervised. Its membership includes all the senior physiotherapy managers from the district and representatives from specialist services, general management , personnel and finance.</li></ul>

**Dental**

- The clinical governance pack produced by the British Dental Association has been purchased by the Health Authority for all General Dental Practitioners within Portsmouth and South East Hampshire area. It was hoped that the Community Dental Officers could also receive this pack and one or two have been reserved maybe with the possibility of more later.

### 3.3 CLINICAL AUDIT REPORTS

<b>COMMUNITY HOSPITALS</b>	First draft of bed rail audit report. Recommendations include linking future bed rail work with Falls Work.
<b>COMMUNITY NURSING</b>	District Nursing - First Assessment Audit - The action plans arising from this audit have been progressed. Message taking has been reviewed and a flow chart devised to resolve potential problems.
<b>EMH</b>	<p><b>Code A</b> and <b>Code A</b> leading audit on resuscitation policy</p> <p><b>Code A</b> CPN leading audit of driving policy</p> <p><b>Code A</b> psychology, coping with depression group</p> <p><b>Code A</b> MDT initial assessment form.</p>
<b>OT</b>	No reports this quarter.
<b>Physiotherapy</b>	No reports this quarter.



**Dental**

Patients attending clinic in pain within 6 months following a course of treatment . The audit looked at a sample of 100 patients attending emergency appts during the period Jan 00 - Jun 00.

The standard was that patients should not have to attend the clinic in pain within 6 months following a course of dental treatment, the target being 100%. The result showed that 79% complied with this standard but 21% failed the standard. An action plan needs to be devised shortly.

School Dental screening is ongoing.

**3.4 RISK ASSESSMENTS**

**3.4.1 RISK ASSESSMENT REPORTS**

Fareham & Gosport Q4 2000/2001 Patient incidents by area and category;	TOTALS	Ark Royal	Briarwood	Cedar Ward	Collingwood	Daedalus	Dolphin Day	Dryad	Ensworth	Gosport War	Gosport HC	Havant War	Laurel Day Unit	Petersfield Hosp	Phoenix Day	Poswillow	Redclyffe Hse	Rosewood	Rowan	Shannon	Sultan	Willows
	Abscondment (actual)	9				4			1			1										2
Abscondment (attempted)	0																					
Assault (actual-assailant)	2				2																	
Assault (actual-victim)	0	1																				
Assault (threatened-assailant)	0																					
Assault (threatened-victim)	0																					
Assault (verbal abuse-assailant)	0																					
Assault (verbal abuse-victim)	0																					
Bite (animal/insect)	0																					
Bullying/intimidation	0																					
Bumped/Caught in/Struck by)	8				2	2								1			2				1	
Choking	0																					
Equipment (causing injury)	6							2									1	2				
Equipment (failure)	1																			1		
External provider	11					2	1											1			7	
Fall (found on floor)	110	2	1	11	22	6	1	3	1			10					3	8	11	1	25	7
Fall (medical collapse-seen /reported)	2	1				1	1															
Fall (seen-reported)	35			1	6	1			1	1		1	1	2		2	8	1	2	4	4	
Fall (slip/trip-seen/reported)	14			2		1					1	1		1			3	3			1	1
Fire	0																					
Flood	0																					
Harrassment (non-sexual)	0																					
Harrassment (sexual)	0																					
Inappropriate admission	1																				1	
Infection risk (body fluids)	1																	1				
Infection risk (clinical sharp)	0																					
Infection risk disease exposure	0																					
Manual handling	3					1													1		1	
Medical collapse	4															1					3	
Medicines management	2						1															
Pain (Complaint of)	3	1		1														2				
Risk behaviour no injury	4																	2			1	1
RTA	0																					
Scald/Burn	2	1							1									1				
SCIP use	0																					
Security (damaged property)	0																					
Security (dangerous/illicit goods)	0																					
Security (illegal entry attempt)	0																					
Security (intruder)	0																					
Security (key/combination loss)	0																					
Security (missing patient)	0																					
Security (missing property <£1000)	3											1									2	
Self harm	0																					
Service failure (data protection)	0																					
Service failure (duty of care)	0																					
Service failure (utilities)	0																					
Skin (damage to)	7		1		1				1								2			1		1
Staffing (medical)	0																					
Staffing (nursing)	0																					
Suicide/Suicide reported	0																					
Suicide attempt	1									1												
Treatment consequence	0																					
Unexpected death	0																					
Unsafe practice conditions	1						1															
<b>TOTALS</b>	<b>235</b>	<b>6</b>	<b>2</b>	<b>14</b>	<b>38</b>	<b>14</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>31</b>	<b>16</b>	<b>5</b>	<b>48</b>	<b>15</b>

Mulberry	Briarwood	Cedar Ward	Collingwood	Daedalus	Dolphin Day	Dryad	Ensworth	Gosport War	Gosport HC	Havant War	Laurel Day	Petersfield Hosp	Phoenix Day	Poswillow	Redclyffe Hse	Rosewood	Rowan	Shannon	Sultan	Willows
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**Fareham & Gosport Q4  
2000/2001  
Staff / Premises incidents by  
area and event type**

	TOTALS	Briarwood	Catering Dept	Cedar Ward	Cedarwood Day	Daedalus	Dolphin Day	Dryad	Emsworth	Fareham HC	Gosport HC	Gosport War	Havant War	Podiatry	Portchester HC	Phoenix Day	Potteries	Redclyffe Hse	Rosewood	Rowan	Rowner HC	Shannon	Spruce	St Christophers	Sultan	Willows
Assault (actual-victim)	5																	3	1					1		
Assault (threatened-victim)	0																									
Assault (verbal abuse-victim)	5							1	2									2								
Back injury/pain	0																									
Bite (animal/insect)	2												1	1												
Bogus clinician	1					1																				
Bomb alert	1										1															
Bullying/intimidation	0																									
Bumped/Caught in/Struck by)	1					1																				
Choking	0																									
Equipment (causing injury)	0																									
Equipment damage	1																1									
Equipment (failure)	0																									
External provider	4	1				1													1						1	
Fire (actual)	0																									
Fire (false alarm)	0																									
Flood	0																									
Harrassment (non-sexual)	1														1											
Harrassment (racial)	0																									
Harrassment (sexual)	0																									
Hazardous exposure (chemical/electrical)	0																									
Infection risk (body fluids)	0																									
Infection risk (clinical sharp)	3																				1	2				
Infection risk- disease exposure	0																									
Injury/pain onset - no causal activity	0																									
Manual handling (object)	4			1				1										1							1	
Manual handling (person)	12		1		3			1				1						2	2						2	
Medical collapse	0																									
Medicines management	2											1													1	
Other injury - non pt care related	1							1																		
Pain (Complaint of)	0																									
RTA	1																					1				
Scald/Burn	1											1														
SCIP use	0																									
Security (damaged property)	2																		1					1		
Security (dangerous/illicit goods)	0																									
Security (illegal entry attempt)	2					1													1							
Security (illegal entry)	0																									
Security (intruder)	0																									
Security (key/combination loss)	0																									
Security (missing patient)	0																									
Security (missing property <£1k)	1										1															
Security (missing property >£1k)	0																									
Security (public disorder)	1					1																				
Service failure (data protection)	0																									
Service failure (utilities)	1	1																								
Sharp - non-clinical	1			1																						
Slip/trip/fall	5										1	2		1										1		
Staffing (medical)	0																									
Staffing (nursing)	15					3	4				1				1					1					5	
Unsafe practice conditions	3									1														1	1	
	76	1	1	2	1	10	1	4	4	3	2	2	6	1	2	1	1	8	5	2	1	3	0	3	11	1

Fareham & Gosport Q4 2000/2001

Patients

Staff/Premises

Patients									Staff/Premises									
n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical	Totals	By severity;	Totals	n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical
	6							6	Ark Royal	0								
	1		1					2	Briarwood	1			1					
								0	Catering Dept	1		1						
	14							14	Cedar Ward	2		2						
								0	Cedarwood Day	1		1						
	36		1				1	38	Collingwood	0								
	13				1			14	Daedalus	10		9		1				
	4				1			5	Dolphin Day	1		1						
	3		2					5	Dryad	4		4						
	4			1				5	Emsworth	4		2		1	1			
								0	FarehamHC	3	2	1						
	1							1	Gosport HC	2		2						
	2							2	Gosport War	1						1		
2	7		3	2				14	Havant War	7		7						
								0	Hill Park Clinic	0								
								0	Lee on Solent HC	0								
	1							1	Laurel Day	0								
								0	Petersfield Hosp	0								
	4							4	Phoenix Day	1				1				
								0	Podiatry	1				1				
					1			1	Poswillo	0								
								0	Portchester HC	2	1	1						
								0	Potteries	1		1						
2	6							8	Redclyffe Hse	8	4	2		2				
12	18		1					31	Rosewood	5	2	2		1				
1	13		1		1			16	Rowan	2		1		1				
								0	Rowner HC	1		1						
								0	St Christophers	3		2		1				
1	4							5	Shannon	3		1	1	1				
								0	Spruce	0								
	45		1		2			48	Sultan	11		9		1		1		
	15							15	Willows	1		1						
18	197	0	10	3	6	0	1	235	<b>TOTALS</b>	76	9	51	2	11	1	2	0	0
n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical	Totals		Totals	n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical

### **3.4.2 CRITICAL EVENTS (NOT KEY GOVERNANCE ISSUES)**

#### **Community Hospitals**

Following three critical incidents in relation to Oak Ward lift at St Christopher's Hospital in which the external door on the first floor could be opened whilst the platform of the lift was on the ground floor, the lift was taken out of action.

The lift has now undergone maintenance and improvement to the exterior and doors in an attempt to improve the working and reliability of this lift.

#### **Health Centres**

7th March 2001 - Bomb alert at Gosport Health Centre (See 2.3)

### **3.4.3 OTHER CLINICAL AND NON CLINICAL RISK MANAGEMENT ISSUES**

#### **Community Hospitals**

##### **Hot Water/Taps at GWMH.**

The Health and Safety representative had identified that the hot water within the hospital in most instances exceeded the safe temperature for handwashing. A review of all taps was undertaken by the representative and Estates Manager, the outcome of which indicated that:

- a) Blending valves had been fitted incorrectly - this issue is being followed up through the Estates Department internal system.
- b) A need for replacement taps from single to lever action.

The total cost of this work = £27,043.80 inc. VAT

Prioritisation of this work has been carried out and the most urgent replacement areas are at ward level to ensure that nursing staff are able to wash their hands in accordance with control of infection and health and safety standards.

This work will cost £19,274.75 inc. VAT.

##### **Oxygen - GWMH**

The use of oxygen and appropriate storage has come under scrutiny this quarter. The oxygen supply has risen to three times the requirement of 1999 when the average monthly supply was 11 to today's requirement of 40 per month. Action so far in this matter is to request quotations for:

- Improving the present storage
- Building a brick built new store
- Costing for three wards to have piped gases

It is then proposed to carry out a cost benefit analysis.

#### **School Nursing**

A risk assessment was undertaken of the clinic work by support workers when children are difficult to control. Discussion is in hand with the handling advisors as to the best way forward for training, other measures have been put in place.

A near miss reflection form for school nursing has been developed and will be implemented.

## **Health Centres**

3rd January 2001 - Child fell over and banged head at Fareham Health Centre

10th January 2001 - Police summoned to Portchester Health Centre to deal with several youths behaving in a disorderly manner

17th January 2001 - F&G Divisional Office - Workstation support frame sheared without warning

21st February 2001 - Member of Fareham Health Centre reception staff subjected to verbal abuse.

1st March 2001 - FAX machine (Trust property) stolen from a car parked in Portsmouth

30th March 2001 - Member of Fareham Health Centre reception staff subjected to verbal abuse.

30th March 2001 - Member of staff tripped over defective sewage cover at Portchester Health Centre

30th March 2001 - Theft of petty cash from Gosport Health Centre

7th March 2001 - Bomb alert at Gosport Health Centre (See 2.3).

## **Occupational Therapy**

### **A&E OT:**

Following the very successful pilot of this service between December and March, A&E have agreed to find finance for a further 6 months of service. In order to avoid high expense of locums to back fill the 3 OTs delivering the service it is proposed that we should make substantive appointments in anticipation of further funding being secured after the 6 month period.

### **Podiatry**

15 Podiatry couches have now been replaced using non recurring funding.

### **Dental**

There has been a lot of confusion over the preferred methods of instrument decontamination and sterilisation. This has become particularly evident with the



setting up of the new Dental Access Service at Sharlland House in Fareham. More advice is urgently needed concerning the way forward with regard to this area of clinical work.

### **EMH**

Monitoring of use of rapid tranquillisation commenced through identification on risk event forms to evaluate impact of introduction of policy.

### **3.5 WAITING TIMES**

#### **Community Hospitals**

##### **Dolphin Day Hospital**

At present there are no waiting times but there is a concern that should the number of recent referrals continue rising, the waiting times could increase to 3 weeks for the first appointment. It is difficult to predict accurately the size of the problem as the referral numbers and the activity within the Day Hospital is variable. The concern is that the standard times for seeing cushion discharges of 5 working days from discharge and the GP referrals of appointment within 2 weeks are proving difficult to maintain. Monitoring will continue.

#### **Community Nursing**

##### **Health Visiting**

No client waited longer than the minimum waiting time for an appointment.

##### **School Nursing**

No delays - all patients seen within 30 minutes of appointment time.

Waiting time for next enuresis assessment at Rowner is now standing at 6 weeks. This is due to the Easter holidays.

#### **Dental**

Interviews for replacement Vocational Trainees will take place on 4th May 2001. The long term plan of employing Vocational Trainees has proved very successful in that previous trainees have sought re-employment as General Professional Trainees splitting the post between Community Dental Service and the Hospital Dental Service and one Vocational Trainee having completed both areas of training has sought re-employment in the Dental Access Service.

### **3.6 CLINICAL EFFECTIVENESS**

#### **Community Hospitals**

##### **1. Training and Development for Nursing Staff**

Three (Trust-wide) projects are progressing well, to date:  
The T&D project group have identified a baseline of skills required to enable nursing staff meet the needs of patients under the various Intermediate Care schemes. Relevant staff have been updated with IV skills and rehabilitation skills and Trainers have been identified for ECGs with the aim of providing training for other staff and a core group of staff have been identified to develop Cannulation skills. The next stage is to identify the evidence-base for the baseline training, provide each clinical area with a Resource Folder and plan a rolling programme of training to enable staff to maintain competencies.

##### **2. Automated External Defibrillators (AED):**

To date over 100 qualified nursing staff have been trained in the use of this equipment. The Response Document was launched in all Community Hospitals on December 15 and AED is now available for use on Shannon and Rosewood wards at SCH, Daedalus, Shannon and Dryad wards at GWMH, Rowan and Cedar Wards at PCH and in EVCH and HWMH. Training and required updating for staff involved is now being co-ordinated by the Resuscitation Department. The next stage is for a draft Addendum to the CPR Policy to be verified (Currently on circulation to relevant staff).

##### **3. ALERT Courses**

(See 7.1.3)

#### **Community Hospitals Fareham & Gosport**

Training and development activity has been very high this quarter. The first two ALERT training courses for GWMH and St Christopher's Hospital were very successful and these will continue on a monthly basis throughout the year.

AED training is ongoing. Two nurses have attended the four day ECG training course and are now holding training sessions for staff groups. Intravenous therapy management and cannulation training are ongoing.

Work on the management of falls is progressing and a report produced.

## **Community Nursing**

### **District Nursing**

**Leg Ulcer Management:** The leg ulcer resource nurse has provided training sessions for district nurses on topics relevant to the assessment and management of patients with leg ulcers. She has also been able to see a number of individual patients. She has now set up a Nurse Led Leg Ulcer Clinic in Gosport War Memorial Hospital. The review first 3 months shows very good results with cost and time savings plus positive outcomes for patients.

### **Health Visiting**

First Time Mother Groups continue to be well attended and recently a new group has been set up.

### **School Nursing**

A weekly drop-in session has been set up at Bridgemary school, the first session was this week so it is too soon to evaluate how effective this will be. Money has been put into this project from the reducing teenage pregnancy strategy group.

After a shaky start the school nurses are competently using the referral form when referring to the community paediatricians.

Child protection standard monitored, everything is in place except for one publication which is on order from the DOH.

## **EMH**

Mulberry Collingwood completed Dementia Care Map. All patients mapped showed positive well-being scores. There was an overall improvement in the score from the last map that was completed in 1996. Although sleep was the highest percentage (24%) of behaviour this included two patients who were physically unwell. The next highest percentage behaviours were passive social involvement (22%) and active social involvement( 21%) which is very positive.

The overall experience of patients is rated between good and fair. The ward are now going on to develop an Action Plan to further improve care

## **Occupational Therapy**

### **1. Reconfiguration:**

Discussions have begun with service managers within Portsmouth Hospitals to introduce a more client centred service delivery which should produce more robust discharges.

### **2. Stroke Competencies:**

These are now nearing completion and are aimed at ensuring that all Stroke patients across the District receive the same assessment and treatment from OTs wherever they are treated. Based on the multi disciplinary National and Local Stroke guidelines, the aim is to particularly target the newly qualified OT who will not have had experience on a stroke unit. This strategy also recognises that increasingly, stroke patients will be receiving their rehabilitation within their home environment. Once implemented then the plan is to audit their effectiveness.

## **Dental**

Protocols are being devised to ensure the smooth transition of patients between the Community Dental Service and the Dental Access Centres that require treatment at the Poswillo Dental Unit either under General Anaesthesia or Conscious Sedation.

#### **4. WORKLOAD ACTIVITY**

##### **Community Nursing**

###### **District Nursing**

Nurses in the Western Wards continue to encounter frequent traffic problems when crossing the M27 to visit patients at Whiteley. While this problem cannot be resolved, it needs to be acknowledged as it wastes district nursing time .

Workload implications for DN teams where there is an increase in practice population. Highlands Medical Centre, Fareham, has increased its GP hours and so is increasing its practice population

In Gosport, Dr Lloyd's work being covered at present by DN team at Rowner.

One full time staff member is on extended long term sick. This, plus new staff training, causing pressures.

###### **Health Visiting - Gosport**

Changes in GP lists and patient allocation are causing some temporary difficulties in HV allocation to practices.

###### **Health Centres**

Increased Podiatry activity levels and the consequent increase in Admin & Clerical support continues to impact heavily on health centre staff.

###### **EMH**

High occupancy continues

###### **Occupational Therapy**

As the profile of OT within the Community increases and the significant role OT plays within the intermediate care agenda recognised, demand for the service is increasing rapidly. Inevitably, without more resources this will result in waiting lists.

###### **Podiatry**

5% over-performance.

**Dental**

Alterations to the Petersfield Dental Clinic have only just been completed and the Dental Access Service at that site will commence in a week or so.

Long term Dental Officer sickness in the Portsmouth city locality is having an effect on workload activity.

**5. FINANCE**



**5.1 MARTIN GOULD**

FAREHAM &amp; GOSPORT DIVISION

Q4 Jan - Mar : 2000 - 2001

Current & Projected Spending against Allocations

Revenue Budgets	Total Allocation	Budget to Date	% of Budget	Spending to Date	Current Variance	Y/end Forecast Variance
6F1150 F&G Divisional Training	0	0	0%	-	0	NA
6F1160 F&G Divisional Reserve	109,140	109,140	100%	-	-109140	NA
6F1190 Contract Beds	154,148	154,148	100%	184,689	30541	NA
6F1200 F&G Comm Enabling Service	111,808	111,808	100%	78,006	-33802	NA
6F2100 Premises	353,245	353,245	100%	364,021	10775	NA
6F2130 Health Promotion	261,708	261,708	100%	253,336	-8372	NA
6F2105 Podiatry	853,824	853,824	100%	858,103	4279	NA
6F2110 Occupational Therapy	674,572	674,572	100%	696,429	21857	NA
6F2115 Physiotherapy	1,884,768	1,884,768	100%	1,804,817	-79951	NA
6F2120 F&G Small Hospitals	4,998,131	4,998,131	100%	5,042,186	44054	NA
6F2125 F&G EMH	2,680,628	2,680,628	100%	2,931,133	250505	NA
6F2140 F&G Community Nursing	3,263,255	3,263,255	100%	3,212,872	-50383	NA
6FA130 Dental	1,737,119	1,737,119	100%	1,756,790	19671	NA
6FA140 F&G Headquarters	231,076	231,076	100%	231,975	899	NA
	<b>17,313,422</b>	<b>17,313,422</b>	<b>100%</b>	<b>17,414,357</b>	<b>100,936</b>	<b>NA</b>

Forecast Assumptions:

Budget Holders and their managers are assessing 2001/2 levels of spend in relation to 2000/1 expenditure, activity levels, known / planned areas of expenditure reduction and new cost pressures. From this work year-end targets will be set and the Division's projected position established.

Current Year Issues & Cost Pressures

Service / Care Group	Narrative
6F1150 F&G Divisional Training	Budget transferred to Reserve / use of Charitable Funds
6F1160 F&G Divisional Reserve	Relates to Trust support £100k, Canford Manor £9k,
6F1190 Contract Beds	Pressure to fill beds which become vacant Budgets stretched by continued inflation increases over non-pay inflation funding.
6F2100 Premises	Reviews of Clerical and Catering services planned.
6F2130 Health Promotion	
6F2105 Podiatry	
6F2110 Occupational Therapy	
6F2115 Physiotherapy	Difficulty recruiting qualified staff Several new initiatives have commenced
6F2120 F&G Small Hospitals	GWMH wards have increased their bed occupancy by 8% per ward in 2000/2001 Night staff review at GWMH has established some grading issues. New Bank and Agency monitoring forms.

Portsmouth Healthcare NHS Trust

6F2125	F&G EMH	Main cost pressures are Mulberry/Redclyffe Hse and Summervale - with staffing issues Higher patient dependency. Grade D nurses upgraded to Grade E's. Cost pressure - CPN cover of Paulsgrove and Cosham, also general increase in workload for CPN's
6F2140	F&G Community Nursing	Vacancies within Child Protection
6FA130	Dental	Full year Orthodontics moving to PHT, but Variation Order now organised for 2001/2002
6FA140	F&G Headquarters	Medical Engineering expenditure is being reviewed, however will be a cost pressure in 2001/2002

FAREHAM & GOSPORT DIVISION

Q4 Jan - Mar : 2000 - 2001

**Issues & Cost Pressures for Future Years**

General	Narrative
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	Control will have to be maintained to ensure that any Trust - wide budgets do not become "dumping grounds" for PCT provider budget expenditure.
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FAREHAM & GOSPORT DIVISION

Q4 Jan - Mar : 2000 - 2001

**Non-Recurring Programme:**

Centre	Description	Annual Allocation	Expenditure	Y'end Projection
	Podiatry	54,000	54,866	na
	Dental	25,000	21,688	na
	F&G General	48,463	61,437	na
	Ward Costs	26,000	19,016	na
	Community Enabling Service	88,541	76,925	na
Note: The current outstanding list of required equipment is to be reassessed.				
<b>TOTAL</b>		<b>242,004</b>	<b>233,932</b>	

## FAREHAM &amp; GOSPORT DIVISION

Q4 Jan - Mar : 2000 - 2001

**Capital Expenditure:**

Centre	Description	Annual Allocation	Spending to Date	Y/end Projection
	Dental suite	25,000	25,000	0
		0	0	0
<b>TOTAL</b>		<b>25,000</b>	<b>25,000</b>	<b>0</b>

**Charitable Fund Expenditure:**

Cost Centre	Fund Name	Balance 1/4/00	Current Balance 31/03/01	Target Balance	Still to be Spent
C71024	Gosport WMH General	25,400	3,873	12,700	0
C71026	Gosport WMH Patients	8,519	1,476	4,260	0
C71052	Podiatry General	10,817	2,594	5,409	0
<b>TOTAL</b>		<b>44,736</b>	<b>7,943</b>	<b>22,369</b>	

**Notes:**

## Breakdown of the Reserve as at 31 December 2000

	Rec	Non-Rec	
Balance as at 31 December 2000			229049
broken down as:			
Balancing the reserve pre 2000/2001	1070		
Budget changes	10364		
Non Pay inflation	15194		
Training budget		2917	
Non Recurring Prog		10000	
Revenue support		100000	
Knowle deployment		1020	
WTD Bank Holiday	16277		
Practice Nurse Facilitator		15000	
Canford Manor	9149		
CEP Discretionary Points		4534	
Soton Uni students		40224	
EPC Cognitive Therapy		3300	
	52054	176995	229049

## Potential reduction in the Reserve

Balance as at 31 December 2000			229049
less			
Non Recurring Prog		-7027	Non Recurring £4600 & A&A Premises £1927, Small Hosp £50
WTD Bank Holiday to Small Hosp (60%) & EMH (40%)	-16277		To Small Hospitals £9766 and EMH £6511
Practice Nurse Facilitator		-8312	EMH Mulberry (JT)
CEP Discretionary Points Physio (38%) & Podiatry (62%)		-4534	Physio £1736 & Podiatry £2798
Soton Uni students		-40224	Small Hosp 70% / Med Eng 30%
EPC Cognitive Therapy		-3300	OT
plus anticipated funding - unallocated		32000	
Stroke - OT (Apr-Oct, CES takeover)		-4000	OT
Borderline substances		-2000	Small Hospitals
Specialist Podiatry Services		-8022	Podiatry
Physiotherapy Knees & Back		-18000	Physiotherapy
			149353

**Portsmouth Healthcare NHS Trust - F & G Division Reserves 2000/2001**

6400 ROLLOVER FUNDING 30,105  
 2997 TRUST TERMS INITIA -4,798  
 Opening Balance 25,307

25,307

**C44001 RESERVES**

Journal No.	Batch No.	MOVEMENTS	In		Out		2000/2001		2001/2002	
			Recurring	Non Rec	Recurring	Non Rec	Cumm		Cumm	
<b>1999/2000 items unallocated</b>										
FG01/16	B6773	May-99 SIFT - EMH 50% (50% AMH)	10,203				10,203	10,203		
FG03/2	B6882	Jun-99 Coldeast Funds re Sylvan & Summervale	1,478				1,478	11,681		
FG06/6	B7189	Sep-99 Catering - St X	4,000				4,000	15,681		
FG06/6	B7189	Sep-99 Borderline Dietary Substances - GWMH	12,000				12,000	27,681		
FG09/06	B7444	Dec-99 M & D training (from Jan Smith)	14,034				14,034	41,715		
			<b>11434</b>							
		<b>Apr-00 Opening Balance</b>					0	25,307	0	25,307
FG01/06	B7850	May-00 Bank Nurses & FP10's /FOF cleared	118,465		-102,181		16,284	41,591	16,284	41,591
FG01/06	B7850	May-00 FP10's income budget reduced			-2,000		-2,000	39,591	-2,000	39,591
FG01/08	B7852	May-00 Premises - Airstream Budgets	4,980		-1,985		2,995	42,586	2,995	42,586
FG02/06	B7980	Jun-00 F & G Domestic Contract Inflation 2000/2001	24,000		-24,000		0	42,586	0	42,586
FG02/09	B7961	Jun-00 OT Discharge Technician	31,194		-31,194		0	42,586	0	42,586
FG02/10	B7692	<b>Jun-00 Non Pay Inflation</b>	<b>15,194</b>				15,194	57,780	15,194	57,780
FG02/11	B7963	Jun-00 F&G Domestic Contract Inflation 1999/2000	19,924		-19,924		0	57,780	0	57,780
FG02/12	B7964	Jun-00 N&MH Physio - loss of income			-11,000		-11,000	46,780	-11,000	46,780
FG02/13	B7965	Jun-00 Hill Park - Finance Leases		-4,900		4,900	0	46,780	0	46,780
FG02/13	B7965	Jun-00 Potteries - Finance Leases		-29,946		29,946	0	46,780	0	46,780
FG02/16	B7966	Jun-00 Potteries - Finance Leases (SamL)	13,162		-13,162		0	46,780	0	46,780
FG01/15	B7876	May-00 SIFT - EMH 50% (50% AMH)				-10203	-10,203	36,577	0	46,780
		Jun-00 M & D training (passed to Sam L)			-14,034		-14,034	22,543	-14,034	32,746
		Jun-00 Fareham & Gosport OT		11,000			11,000	33,543	0	32,746
		Jun-00 Consultants Discretionary points F&G	2,550				2,550	36,093	2,550	35,296
		<b>Jun-00 Move training budget to reserve</b>		<b>2,917</b>			2,917	39,010	0	35,296
		Jul-00 Invoices raised during final accounts - OT/Sylvan		9,085			9,085	48,095	0	35,296
		Jul-00 Increase premises income budgets	2,134				2,134	50,229	2,134	37,430
		Jul-00 EMH Consultant Staff	18000				18,000	68,229	27,000	64,430
		Aug-00 Moved to EMH C34020			-2,550		-2,550	65,679	-2,550	61,880
		Aug-00 Move to OT - Snr 1 C44665				-11000	-11,000	54,679	0	61,880
		Aug-00 Moved to EMH C34020			-18,000		-18,000	36,679	-27,000	34,880
		Aug-00 Moved from bank nurses C44280	255				255	36,934	255	35,135

	Aug-00 Excess travel completed	1403			1,403	38,337	1,403	36,538	
	Aug-00 Trf to CEP C44141 Grade A	293			293	38,630	293	36,831	
	Aug-00 Trf invoice income to OT and Sylvan			-9085	-9,085	29,545	0	36,831	
	Sep-00 Non Recurring Prog - £25k Dental & Pod each & £10k others	60,000			60,000	89,545	0	36,831	
	Sep-00 Ward Budgets (2600x10) - not day hospitals or outpatients	26,000			26,000	115,545	0	36,831	
	Sep-00 F&G revenue support	50,000			50,000	165,545	0	36,831	
	Sep-00 Knowle staff protection - redeployment	1,020			1,020	166,565	0	36,831	
CB005	Sep-00 WTD Bank Holiday	16277			16,277	182,842	16,277	53,108	
	Sep-00 TD Cedarwood Salary Protection Scale I	4,421		-4421	0	182,842	0	53,108	
	Sep-00 EMH - 1/3 Practice Nurse Faciliator - Jo Taylor	712		-712	0	182,842	-5,000	48,108	
	Sep-00 Trf Canford Manor - no longer used - Contract Beds	9149			9,149	191,991	9,149	57,257	
	Sep-00 Practice Nurse Facilitator - Small Hospitals - Anne Stewart	15,000			15,000	206,991	0	57,257	
	Oct-00 Challenge fund - Spec Needs - Walking sticks/frames	4,000		-4000	0	206,991	0	57,257	
	Oct-00 SIFT Increase AMH/EMH f&g	4783		-4,783	0	206,991	0	57,257	
	Oct-00 Allocate ward costs to non-recurring budget			-26000	-26,000	180,991	0	57,257	
B8649	Oct-00 CEP Discretionary Points	4,534			4,534	185,525	0	57,257	
	Oct-00 Consortium funds - OT			-10331	-10,331	175,194	0	57,257	
	Nov-00 Revenue Support	50,000			50,000	225,194	0	57,257	
	Nov-00 Non-Recurring Podiatry and Dental			-50000	-50,000	175,194	0	57,257	
	Nov-00 EPC Bid Consortium Monies - re Elderly	10,331			10,331	185,525	0	57,257	
	Nov-00 Consortium funds - Physio	1,000		-1000	0	185,525	0	57,257	
	Nov-00 Funds to support Developers Trainers	2,500		-2500	0	185,525	0	57,257	
	Nov-00 Soton Uni students	40,224			40,224	225,749	0	57,257	
	Dec-00 EPC Post Basic Education In House Cognitive Therapy	3,300			3,300	229,049	0	57,257	
	Dec-00 EPC Post Basic Education PAM's Therapeutic Managing	5,000		-5000	0	229,049	0	57,257	
	Dec-00 EPC Post Basic Education Staged Dementia Training	6,000		-6000	0	229,049	0	57,257	
	Dec-00 EPC Post Basic Education In House Cognitive Therapy	10,000		-10000	0	229,049	0	57,257	
					0	229,049	0	57,257	
		282,475	281,486	-245,525	-114,694	203,742	229,049	31,950	57,257

\* 2000/2001 amount differs from 2001/2002

		6400			233,554	61,762
		2997			-4,505	-4,505
	<b>Funding due</b>					
	1 Clinical Facilitators Funding (as 1 below)	0		<b>Reconciled to Month 9 Statement</b>	229,049	57,257
	2 L/Dis Redeployment - A Main (Fareham HC)	1,400 approx		Funding to be allocated	0	0
	3 OT (non recur from Ian) recd Jun 2000	0 approx			229,049	57,257
	4 HCSW Soton Sponsorship - L Hooker (Sultan)	0				0
	5 winter pressures (Mul B grades & OT)	15000				57,257
	6 com rehab - Podiatry recd Jan 01	0				
	7 Stroke - physio (Apr-Oct, CES takingover) Jan01	2333				
	8 OT - Consortium monies recd Nov 2000	0				
	9 Stroke - OT (Apr-Oct, CES takingover) recd Jan01	14000				
	10 Borderline substances - stx Jan01	4000				



11 Specialist Podiatry Services	8022
12 Physiotherapy Knees	50000
13 Enhanced OT Service ( check % of £47,280!!!)	5500 say
14 Physiotherapy Back	48948
	<u>149,203</u>

**Notes**

- 1 Urology clinic invoiced to F&G PCG this year  
(last year sent to Dr Pennells - C44279)
- 2 Physio - Joint Finance Scheme (4th year of 5)

**Monthly release:**

Balance	229,049
less N/rec	-10,000
less Rev support (M8 lump)	-100,000
	<u>119,049</u>
9 months	<u>89,287</u>
plus anticipated - stroke	16,333
9 mths	<u>14,550</u>
	<u>30,883</u>

So reserve M9

24,199,149

## Fareham and Gosport Division

Comparison of spend - Mth 9 1999/00 to 2000/01

	Spend 99/0	Spend 2000/1	Change	%
F&G Divisional Training	2,052	-	- 2,052	na
F&G Divisional Reserve	- 87,666	-	87,666	na
Contract Beds	119,144	125,217	6,073	5.1
F&G Comm Enabling Service	0	-	-	n/a
Premises	274,143	269,330	- 4,813	- 1.8
Health Promotion	160,436	181,099	20,663	12.9
Podiatry	596,857	613,172	16,315	2.7
Occupational Therapy	370,303	427,192	56,889	15.4
Physiotherapy	1,207,410	1,258,328	50,918	4.2
F&G Small Hospitals	3,567,112	3,717,595	150,483	4.2
F&G EMH	1,927,071	2,109,754	182,683	9.5
F&G Community Nursing	n/a	2,425,850	-	n/a
Dental	1,201,118	1,237,669	36,551	3.0
F&G Headquarters	145,218	171,402	26,184	18.0
	<u>9,483,198</u>	<u>12,536,608</u>	<u>627,560</u>	<u>6.6</u>
F&G Comm Nursing	-	1,602,107	1,602,107	na
Agency Nurses spend at M9	Spend 99/0	Spend 00/01	Change	%
Small Hos	26,365	17,856	- 8,509	- 32.3
EMH	85,998	114,534	28,536	33.2
Bank Nurses spend at M9				
Small Hos	45,934 }	29,331	- 16,603	- 36.1
EMH	- }	24,749	24,749	100.0
	<u>158,297</u>	<u>186,470</u>	<u>28,173</u>	<u>17.8</u>



## Projections

Physio														
Various	Training	0	8629	8,629		4844	0	13,473	13,473					
C44656	F & G	288224	-525	287,699	99135	500	387,359	-25	387,334					
C46727	H & P	230968	-2253	228,715	75000	3900	305,968	1,647	307,615					
C46728	Comm	393633	-439	393,194	142173	10299	535,806	9,860	545,666					
C48422	MH	50118	2395	52,513	16923	798	67,041	3,193	70,234					
C48418	PC community	50979	5542	56,521	16986	1847	67,965	7,389	75,354					
C48428	PC Primary Health	222931	8128	231,059	75000	3000	297,931	11,128	309,059					
				<b>1,258,330</b>					<b>1,708,736</b>					
	<b>OT</b>													
C44665	District	178962	18407	197,369	55654	0	234,616	18,407	253,023	income due 16k inv/£17knmet/£8khcc				
C44666	Community	190487	11334	201,821	66000	3500	256,487	14,834	271,321					
C44804	Haslar	0	28002	28,002		17333	0	45,335	45,335					
				<b>427,192</b>					<b>569,679</b>					
C44031	Health Promotion	183876	-2777	181,099	61602	12000	245,478	9,223	254,701	long term sick hlf pay/no overspend on cam/staff leavers				
C44008	Blackbrook Premises	0	42407	42,407		11331	0	53,738	53,738	breakeven if funding from PHos-Bill working on				
C44012	Fareham HC Premises	3493	-5580	-2,087			3,493	-5,580	-2,087	breakeven - airstream no cost				
C44014	Fareham HC Admin	65129	994	66,123	20055	300	85,184	1,294	86,478					
C44018	Portchester HC Premises	0	8707	8,707		2902	0	11,609	11,609	breakeven - airstream no cost				
C44024	Hill Park Clinic Premises	0	12174	12,174		4071	0	16,245	16,245					
C44156	Gosport HC Premises	47537	10362	57,899	15261	3455	62,798	13,817	76,615	breakeven - clin waste profile to be changed				
C44162	Lee on Solent HC Premises	13597	10894	24,491	5850	4040	19,447	14,934	34,381	staff cost over every month				
C44168	Rowner HC Premises	11057	12906	23,963	3645	5284	14,702	18,190	32,892	overspend each month pay				
C44299	W Wards Fareham Admin	24914	10740	35,654	7977	2802	32,891	13,542	46,433					
				<b>450,430</b>					<b>611,005</b>	356,304				
C44001	Reserve (see below)	0	0	0		-32000	0	-32,000	-32,000					
	Dental	1132494	105175	1,237,669			1,132,494	105,175	1,237,669					
	Comm Nursing	2190413	235436	2,425,849	720138	78479	2,910,551	313,915	3,224,465					
	CES	0	0	0			0	0	0					
				<b>12,536,614</b>										
Reserve		Budget	Accrual	Add funding										
£30000 is made up from														
	Borderline substances	2000	0	2000										
	Specialist Podiatry Services	8022	0	8022										
	Physiotherapy Back & Knees	98948	81000	18000										
	Stroke - OT	14000	10000	4000										
				<b>32022</b>										

## Divisional Report Q4

HAVANT/PETERSFIELD DIVISION

Q4 Jan - Mar: 2000 - 2001

*Current & Projected Spending against Allocations*

Revenue Budgets		Total Allocation	Budget to Date	% of Budget	Spending to Date	Current Variance	Y/End Forecast Variance
6H5100	General Manager	30,240	30,240	100%	31814	1574	0
6H5120	Reserves	0	0	0%	0	0	0
6H5220	Small Hospitals	3,096,911	3,096,911	100%	3064405	-32506	30000
6H5240	Site Services	368,635	368,635	100%	352098	-16537	-20000
6H5300	Bank Nurse Control Acct	0	0	0%	830	830	0
		<b>3,495,786</b>	<b>3,495,786</b>	<b>100%</b>	<b>3,449,147</b>	<b>-46,639</b>	<b>10000</b>

**Current Year Issues & Cost Pressures**

Service / Care Group	Narrative																																
6H5220 Small Hospitals	<p>The Small Hospitals underspent by £32506 at the end of March compared with an overspend of £33719 last quarter. A quarterly comparison is listed below:</p> <table border="0"> <thead> <tr> <th colspan="2"><u>Qtr 1</u></th> <th colspan="2"><u>Qtr 2</u></th> </tr> </thead> <tbody> <tr> <td>PField Hospital</td> <td>£4,885</td> <td>PField Hospital</td> <td>£5,907</td> </tr> <tr> <td>HWMH</td> <td>£5,903</td> <td>HWMH</td> <td>£9,111</td> </tr> <tr> <td>EVCH</td> <td>£2,129</td> <td>EVCH</td> <td>£2,849</td> </tr> <tr> <th colspan="2"><u>Qtr 3</u></th> <th colspan="2"><u>Qtr 4</u></th> </tr> <tr> <td>PField Hosp</td> <td>£23,879</td> <td>PField Hosp</td> <td>-£52,738</td> </tr> <tr> <td>HWMH</td> <td>£11,161</td> <td>HWMH</td> <td>£21,799</td> </tr> <tr> <td>EVCH</td> <td>-£2,110</td> <td>EVCH</td> <td>-£1,567</td> </tr> </tbody> </table> <p><b><u>Petersfield Hospital</u></b> The influx of Intermediate Care Bid moneys in Month 12 had a considerable impact on Petersfield Hospital's year end position.</p> <p>The Intermediate Care Bid Moneys were made up of a non recurring element and a recurring element. The underspend has happened due to a combination of slippage on both the non recurring and recurring moneys. The IT scheme in particular fell behind along with changes to stock purchased and some of the original costings involved proving to be overestimates. Anticipated staffing costs have also failed to materialise due to posts that formed part of the bid not yet being filled, although recruitment is currently taking place.</p> <p>Rowan Ward is still carrying an overspend and this will need to be monitored closely throughout the next financial year to establish causes and potentially reduce the problem. In comparison Cedar Ward has finished the financial year with a considerable underspend, Intermediate moneys have added to the already high underspend. It is anticipated that this underspend will reduce next year in line with vacant posts being filled which is linked to the recruitment activity mentioned above.</p> <p><b><u>Havant War Memorial / Emsworth Victoria Cottage Hospitals</u></b> The overspend at Havant in part relates to nursing staff sickness and vacancy problems. Another part of the overspend is made up by HWMH staff working at EVCH to cover vacancies whilst building work was carried out at HWMH. There also seemed to be a lot of absence of EVCH staff during this time and cover was provided by HWMH staff working excess hours.</p> <p>These factors have led to the increased overspend at HWMH and the subsequent underspend at EVCH. This problem now appears to have resolved itself with EVCH up to full establishment as at the end of March and HWMH due to settle down with less staff activity. The situation will have to be monitored in the early stages of the next financial year to check that everything is going to plan.</p>	<u>Qtr 1</u>		<u>Qtr 2</u>		PField Hospital	£4,885	PField Hospital	£5,907	HWMH	£5,903	HWMH	£9,111	EVCH	£2,129	EVCH	£2,849	<u>Qtr 3</u>		<u>Qtr 4</u>		PField Hosp	£23,879	PField Hosp	-£52,738	HWMH	£11,161	HWMH	£21,799	EVCH	-£2,110	EVCH	-£1,567
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## Divisional Report Q4

HAVANT/PETERSFIELD DIVISION

Q4 Jan - Mar: 2000 - 2001

Current Year Issues & Cost Pressures

Service / Care Group	Narrative
6H5240 Site Services	<p>Site services underspent by £16537. This relates in the main to the Administrator post at Dunsbury Way which was vacant until November 2000. The remaining funding has been moved to another division.</p> <p>Additional vacancies throughout site services have also contributed to the underspend.</p>
Whole Division	

HAVANT/PETERSFIELD DIVISION

Q4 Jan - Mar: 2000 - 2001

*Issues & Cost Pressures for Future Years*

Service / Care Group	Narrative
Whole Division	With the transition to PCTs, Havant & Petersfield will now fall under the umbrella of East Hampshire PCT.



## Divisional Report Q4

## HAVANT/PETERSFIELD DIVISION

Q4 Jan - Mar: 2000 - 2001

**Non-Recurring Program:**

Centre	Description	Annual Allocation	Spending to Date	Yend Projection
7T0320 H&P	The division has received £46,000 non-recurring funding. The division succeeded in spending their allocation and even incurred a slight overspend at year end.	46,000	47,072	0
	In addition to these moneys a non recurring allocation of £13,000 was received to be equally split between HWMH, EVCH, Rowan ward, Cedar ward and the Willows. The wards have succeeded in spending this money with only a slight underspend. The allocation was used to enhance and humanise patient care or improve the working lives of staff.	13,000	11,410	0
<b>TOTAL</b>		<b>59,000</b>	<b>58,482</b>	<b>0</b>

**Capital Expenditure:**

Centre	Description	Annual Allocation	Spending to Date	Yend Projection
	There is currently no Capital allocation for Havant and Petersfield.	0	0	0
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>

**Charitable Fund Expenditure:**

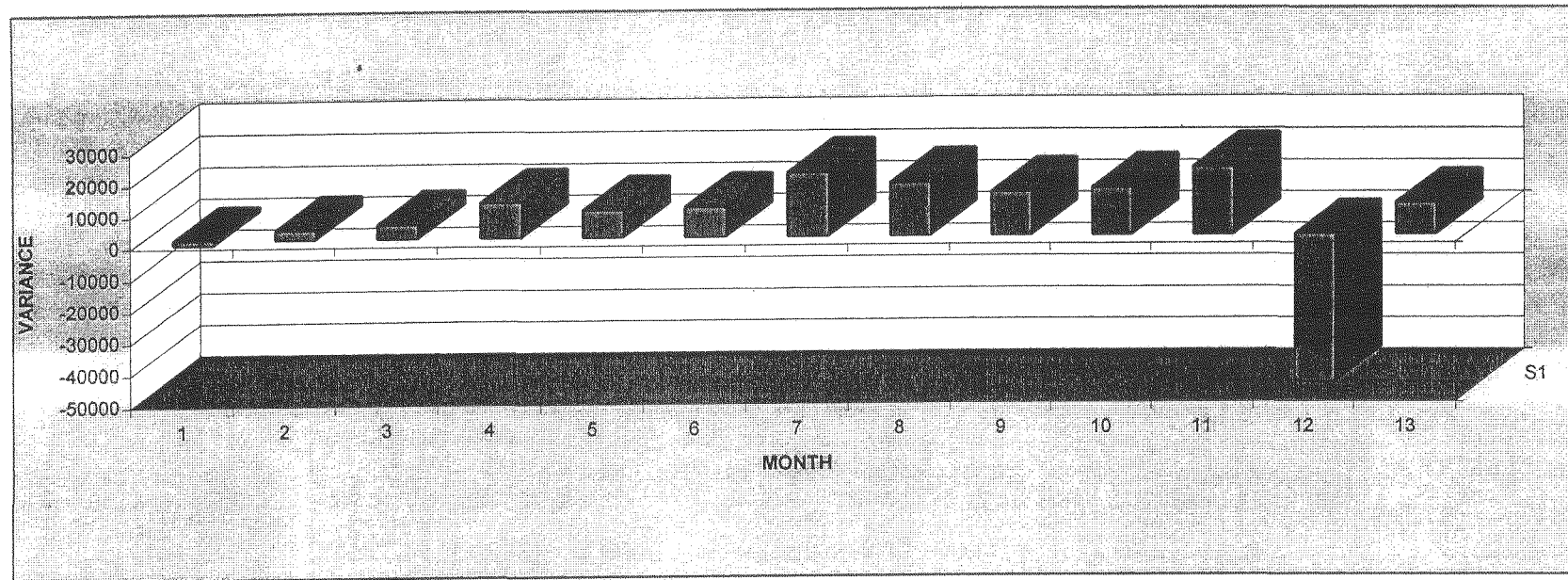
Cost Centre	Fund Name	Balance 1/4/00	Current Balance	Target Balance	Still to be Spent
		0	0	0	0
		0	0	0	0
		0	0	0	0
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# VARIANCE REPORT - 2000/2001

## HAVANT / PETERSFIELD DIVISIONAL SUMMARY

CENTRE		VARIANCE M01	VARIANCE M02	VARIANCE M03	VARIANCE M04	VARIANCE M05	VARIANCE M06	VARIANCE M07	VARIANCE M08	VARIANCE M09	VARIANCE M10	VARIANCE M11	VARIANCE M12	E.O.Y. PROJ
6H5100	GENERAL MANAGER	-200	-161	-257	-169	-253	-226	-493	-602	-729	230	866	1574	0
6H5120	RESERVES	151	-435	-720	0	0	0	0	0	0	0	0	0	0
6H5220	SMALL HOSPITALS	-5739	9280	12917	18556	16539	17867	27147	25713	32931	31086	33719	-32506	30000
6H5240	SITE SERVICES	4468	-3475	-7442	-7150	-7480	-8076	-7202	-11315	-19174	-17215	-13912	-16537	-20000
6H5260	H/P THERAPY SERVICES	0	0	1	7	16	16	16	16	16	16	16	16	0
6H5300	BANK NURSES	-258	-2301	-87	-17	-64	-48	781	3015	694	851	840	830	0
		-1578	2908	4412	11227	8758	9533	20249	16827	13738	14968	21529	-46623	10000

## HAVANT / PETERSFIELD DIVISIONAL SUMMARY

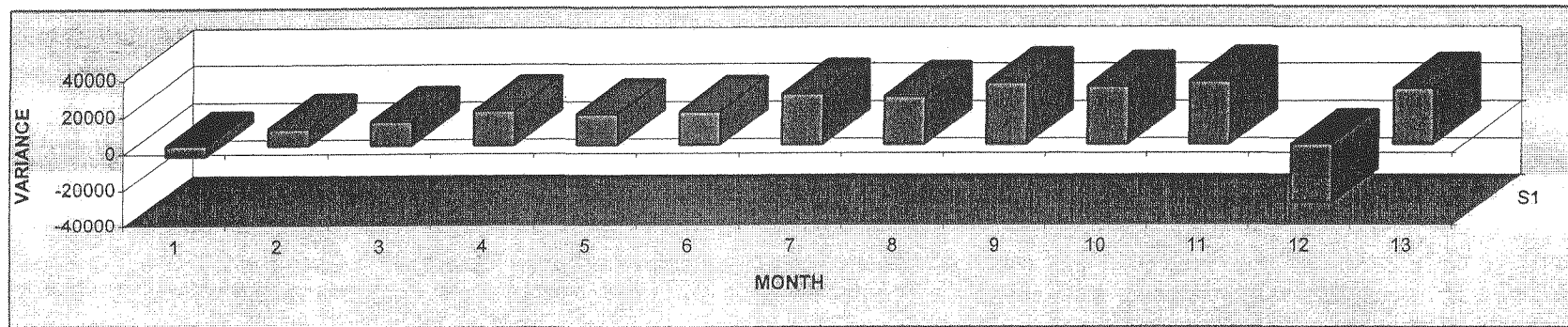


# VARIANCE REPORT - 2000/2001

## SMALL HOSPITALS SUMMARY

CENTRE		VARIANCE M01	VARIANCE M02	VARIANCE M03	VARIANCE M04	VARIANCE M05	VARIANCE M06	VARIANCE M07	VARIANCE M08	VARIANCE M09	VARIANCE M10	VARIANCE M11	VARIANCE M12	E.O.Y. PROJ
C46174	PET HOSP PREM	-5858	1756	-4091	-6985	-11214	-6147	-1638	4589	10126	12951	13273	-44530	7000
C46204	PET HOSP CATERING	-1578	-754	-450	878	1180	2553	4029	4516	4652	6345	5595	6764	4000
C46271	PET HOSP MED STAFF	-233	-257	33	-1035	-380	-906	-1097	-1324	-1025	-3472	-997	2143	-2000
C46282	LAUREL DAY	638	903	1187	1622	1983	2157	2643	2864	3035	3322	3546	3782	5000
C46283	CEDAR WARD	-2542	-2149	-2186	-1940	-1528	-2256	-3482	-8457	-12149	-16827	-18953	-46662	-11000
C46285	ROWAN WARD	2609	3505	6924	6777	8284	4472	5026	4330	11852	15053	17482	16296	5000
C46286	WILLOWS	-352	711	3252	4464	4310	4572	4417	5310	5253	4429	6304	6247	6000
C46287	GRANGE WARD	-126	134	41	88	384	374	353	347	344	391	394	453	0
C46288	GP BED FUND PILOT	3328	0	0	0	0	0	0	0	0	-6109	-6107	0	0
C46855	PET HOSP MSE	-9	95	175	411	948	1088	1566	1799	1793	1964	2486	2769	0
C46006	HWMH PREMISES	0	550	-768	341	-1019	-1470	-306	-402	277	1257	1424	1680	-2000
C46034	HWMH CATERING	-497	282	1905	942	1458	1527	1808	2502	2014	2830	3104	4647	2000
C46140	HWMH MEDICAL STAFF	-26	-278	-309	-134	-166	-129	-43	-16	-571	-539	-513	-356	0
C46141	HWMH GP BED FUND PIL	0	0	0	0	0	0	0	0	0	0	0	3652	
C46154	HWMH NURSING	-1392	2402	5076	6044	7065	9184	10175	8959	9442	12216	10645	12176	10000
C46010	EVCH PREMISES	1034	3405	4080	2304	2251	3861	6385	7429	8575	10524	10715	11647	6000
C46144	EVCH MEDICAL STAFF	-95	-62	-94	-125	-156	558	527	496	465	366	267	150	0
C46164	EVCH NURSING	-640	-964	-1858	4902	3139	-1570	-3216	-7228	-11150	-13614	-14944	-13364	0
		-5741	9279	12917	18554	16539	17868	27147	25714	32933	31087	33721	-32506	30000

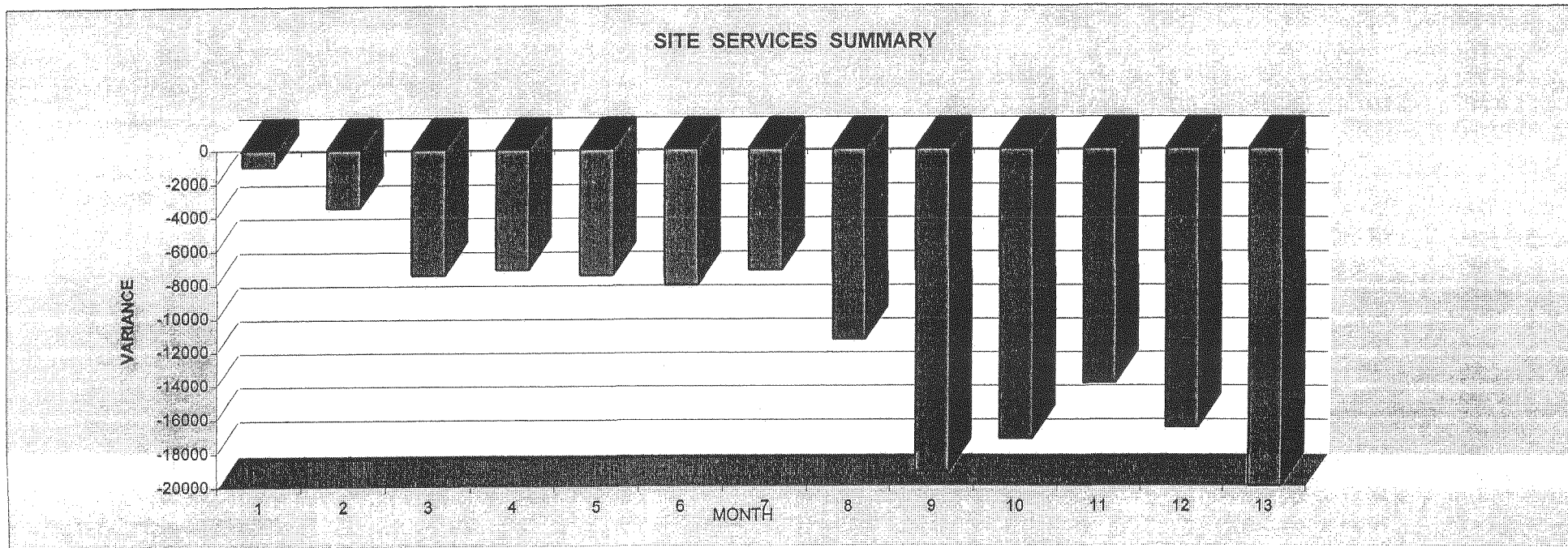
## SMALL HOSPITALS SUMMARY



## VARIANCE REPORT - 2000/2001

### SITE SERVICES SUMMARY

CENTRE		VARIANCE M01	VARIANCE M02	VARIANCE M03	VARIANCE M04	VARIANCE M05	VARIANCE M06	VARIANCE M07	VARIANCE M08	VARIANCE M09	VARIANCE M10	VARIANCE M11	VARIANCE M12	E.O.Y. PROJ
C46002	HAVANT ADMIN	-781	-713	-1716	-1667	-1184	-2920	-4193	-4949	-7805	-9795	-10013	-11396	-7000
C46014	HAVANT HC PREMISES	221	1046	937	784	3516	5930	7213	7006	3218	4993	6592	8909	5000
C46018	HAYLING HC PREMISES	-269	-660	-953	-1036	-397	-189	464	146	-241	341	302	2088	0
C46022	W'VILLE HC PREMISES	-429	-1354	-1720	-1727	-2519	-1110	-449	-869	2962	4913	6460	6617	-1000
C46025	HQ / CIVIC OFFICES	-2201	-4629	-6618	-9441	-12945	-15737	-18821	-21670	-22346	-23428	-24311	-23756	-22000
C46184	DENMEAD HC PREMISES	667	1386	1713	2976	3423	3791	4451	5203	5614	5923	5784	5964	5000
C46300	HAVANT OTHER CLIN	-112	-331	-487	-594	-783	-1069	-1083	-1253	-1539	-1536	-1709	-1929	-2000
C46302	HAYLING OTHER CLIN	0	0	0	0	0	0	0	0	0	0	1494	0	0
C46304	P'FIELD OTHER CLIN	175	108	-27	133	63	-72	40	-25	-160	-138	-205	-2357	0
C46308	W'VILLE OTHER CLIN	1745	1671	1430	3420	3346	3301	5176	5097	1123	1511	1613	-1359	2000
4H5130	HC INCOME	0	0	0	0	0	0	0	0	0	0	80	682	0
		-984	-3476	-7441	-7152	-7480	-8075	-7202	-11314	-19174	-17216	-13913	-16537	-20000



## 5.2 CURRENT FINANCIAL ISSUES

### Health Centres

GP accommodation at a premium across the division. DNs and HVs are being asked to utilise alternative accommodation. Cost to secure this being established - actual and potential.

### Podiatry

Replacement Video Gait Analysis system purchased with Trust Fund monies.  
Digital cameras for Diabetes/wound clinics purchased from Trust Fund monies.  
Budget year end forecast on target.  
Non recurring spend completed on target.  
Pressure points still around MSE and Orthotics.

### Dental

It is hoped that the separation of Community Dental and Dental Access Services is able to continue, since the much preferred model of service delivery is the concentration of generalist work in the Dental Access Service and specialist work in the Community Dental Service. To re-enforce this model consideration should be given to strengthening the Senior Dental Officer time with reduction apart from Vocational Trainees in Dental Officer time.

## 6. HUMAN RESOURCES

## 6.2 HUMAN RESOURCE SERVICE ISSUES

### Community Hospitals Fareham & Gosport

- The nurses employed through the overseas recruitment drive arrived in March and early April. Six of the ten nurses have now completed their induction programme and are working on the wards. The remaining four are at present attending induction training and will then join their colleagues in ward placements.
- A night skill mix review for Gosport War Memorial following the closure of Minor Injuries has now been completed. The recommendations will be implemented following discussions with staff concerned.
- Absence due to long-term sickness has been high on Sultan this quarter due to the Clinical Manager and Senior Staff Nurse being away for a lengthy period. The staff coped well during this period of time.

### Community Nursing

#### District Nursing

One part time DN sister on long term sick

Recruiting suitable D and E grade staff nurses becoming more difficult . May be due in part to a number of new posts in intermediate care.

#### Health Visiting

Gosport: One HV due to retire end of July and 1 HV about to return from maternity leave.

Fareham: One HV on long term sick leave.  
Increasing demand on the NEBs, problems for them re. cover.

### Health Centres

Peter Grubb seconded to overseas recruitment project 15 hours per week. This has proved to require almost full time attention for most of March and the first 2-3 weeks of April.

### Occupational Therapy

A very successful Open Day was held on April 3rd 2001, with a lot of interest in the OT integration agenda. 23 people attended, the majority from Southampton and Oxford Universities, but also some experienced OTs who had recently moved into the area.

## **Physiotherapy**

Staffing shortages all areas but in particular, on acute sites. Previously some shortages but significantly worsening at this point.

### **Actions taken:**

Active recruitment attempts, locums when obtainable, skill mix review, prioritisation. "Growing our own" - have already slotted our second year juniors who wish to remain and have exceeded their objectives, into senior 2 posts in their PCT/Gs. PHT informed where shortages are creating serious problems.

This quarter is always a difficult one for staffing as juniors move on and the new graduates are not available until later in the year. It is hoped that the situation will improve after Easter when some second year juniors from other areas begin to look for senior posts.

## **Dental**

Although the Dental Access Service and Community Dental Service are recognised as two separate entities, for all matters concerning staff continual professional development, individual performance review, peer review audit etc., the two services are recognised as one service.

## **EMH**

Ongoing unfilled vacancy in Redclyffe House.

Long term sickness in PDH. Jo Taylor, Clinical Manager, Collingwood giving temporary support.

Contingency plan implemented. Particular difficulties covering ECT.



## **7. OPERATIONAL ISSUES**

### **7.1. Community Hospitals**

#### **7.1.1**

- Sultan ward has been participating in the Portsmouth Hospitals planned hip replacement pilot where surgery is carried out at Nuffield hospitals and the patient then transferred back to GWMH on day 5. There have only been a small number of patients managed in this way but the results are promising. Work with Orthopaedics continues to identify the best method of managing this work load.
- GWMH outpatient department has been able to support the development for two new nurse led clinics this quarter. The leg ulcer specialist and Chronic Heart Disease nurse both run new clinics from here.
- The accommodation for the EMH Outreach Team has been completed and is based within the ground floor at the front of the hospital.
- Sylvan reprovion project group have now received all the specification requirements from present and potential users. This information is now being processed into the proposed floor plan. A decision has yet to be made as to the position of the new premises. Consultation with the developer is due to take place following which a revised time scale for the reprovion will be made.
- Overall comment on the year's activity is that the teams have all worked well to develop and implement Intermediate Care and successfully develop and implement a training and development package. Despite difficulties with recruitment and the major building upgrade at St Christopher's, the teams have remained positive and proactive.

## 7.1.2 Analysis of complaints GWMH -

### ANALYSIS OF COMPLAINTS - GWMH - WORKSHOP HELD ON THE 27TH FEBRUARY 2001

#### 1. Present

Phillip Beed  
Fiona Cameron  
Ann Haste  
Gill Hamblin  
Althea Lord  
Jan Peach  
Toni Scammell

#### 2. Purpose of Workshop

To discuss the themes emerging in 5 complaints and agree a way forward making specific reference to

- a) issues perceived to be associated with the complaints
- b) steps taken to improve services subsequent to the complaints
- c) development of an action plan to tackle one or more of the emergent themes.

#### 3. General Discussion

The initial paper produced by FC from 5 complaints received between 1998 and 2000 identified 3 themes - Communications with Relatives/Attitudes of Staff/Eating and drinking.

- Those present agreed that communications with relatives was probably the most significant as it could be seen to impact on the other two themes in terms of the relatives understanding of what was happening.
- It was recognised that a number of these complaints were quite old although still current and therefore many changes had taken place subsequent to the complaint which impacts on the current quality of patient care (see 4).
- It was highlighted that during a period at the end of 1998 and early 1999, the wards were working under some pressure, (see 5).
- There was general agreement that there was a need to deal with the perceptions held by the complainants whether we agreed with them or not.

#### **4. Things we have done since 1998**

- Increased continuity of medical cover with the introduction of a staff grade Doctor M-F.
- Organisation of nursing work has been reviewed on Sultan.
- Staffing levels have increased on Daedalus in recognition of change to Intermediate Care.
- Training provided related to Intermediate Care which has gone wider than Daedalus ward.
- There has also been some policy work in particular around management of pain undertaken on a trust wide basis.

#### **5. What are the issues for us/barriers to good communication with relatives?**

- Building a rapport with relatives is difficult in circumstances where patients die in the first days after transfer.
- Client group has changed dramatically in the last few years affecting the assessed nursing need and impacting on length of stay for continuing care patients.
- Increased bed occupancy.
- Increased number of patients suffering from dementia.
- The need to produce written referrals to Physio and OT.
- Lack of preparation for nurses in terms of the changing needs of patients.
- Rising expectations of relatives
- Lack of control over information provided to patients and relatives, prior to transfer to GWMH.
- Large number of GPs involved on Sultan Ward and the different levels of engagement from them.

#### **6. What Would Good Communication With Relatives look like?**

- The \*key contact would be identified immediately. (\*the relative chosen by the patient/NOK).
- A meeting would take place between nursing staff the patient and relative/carer within two days of admission.
- The discussions would focus on the near future and attempt to describe likely process/events.
- Subsequent meeting would be planned every 5-7 days.
- Information from the receiving ward would be available to patients and relatives prior to transfer.
- Nursing staff would understand how the family communicates with itself.
- A named member of the qualified nursing staff would lead the process.

**7. Ideas for Achievement.**

- Clarify the communication process for each ward.
- Ward/department leaflets explaining the communication process.
- Consider appointment system.
- Consider the use of surgeries.
- Ask relatives what would/could work for them.

**8. Actions**

Proposed Action	By Whom	When
Write up discussions	FC	16th March 2001
Workshops to be arranged for staff. Question - 'what would/does good communication with relatives look like?'	<b>Code A</b>	End May 01
Review bleep holder problems/issues.		End March 2001
Ask patients/relatives their views. Survey		End June 01
Establish working group		End March 2001

### 7.1.3 ALERT Course

#### **ALERT Course (Acute Life-threatening Events, Recognition and Treatment)**

#### **Progress Report, April 20001**

#### **Background Information:**

The ALERT Course was originally developed in Portsmouth Hospitals Trust to provide Multi-professional training in acute care.

“ ... The course was developed as an attempt to establish a mechanism for reducing clinical risk, meeting patients’ needs and providing vital continuing education for ward staff. ... In particular, it sets out a simple assessment and management system that can be used for ill patients with a wide range of underlying clinical conditions, be they medical or surgical.” ...

(ALERT Course information, Dr Gary Smith, Course Director,)

Following a successful bid for funding, The ALERT Course has been adapted for use in Community Hospitals. Portsmouth Healthcare Trust have purchased a Training Licence with the aim of providing a rolling programme of training:

There are three teams of Trainers - one each in Gosport & Fareham Division, Havant & Petersfield Division (now East Hampshire PCT) and Department of Medicine for Elderly People.

A total of 28 Trainers completed training on 27 Nov and 11 Dec 00:

Nurses:	G&F	9
	H&P	7
	Eld. Med	6
Medical staff (including 4 GP s)		6

The target group for training as part of the initial bid was all qualified nursing staff, the aim of the training in Community Hospitals was to increase the skills of nursing staff to better meet the needs of Intermediate Care patients. [total of 310 nurses, 160 in Community Hospitals and 150 in Elderly Services.]

From Jan/Feb 01 to the present time over 130 nursing staff have attended the training.

Feedback/comments from the training days includes:

feel more confident to cope with situations;  
made me think more about planning for future management of patient;  
increased awareness of need for good assessment of patients, feel confident this training will enable me to provide the best possible care;

There is anecdotal feedback from both medical and nursing staff in all areas that the ALERT Plan of Assessment has been utilised and improved the outcome for patients.

(a more comprehensive evaluation is planned for early Summer 01 - a baseline assessment of response to unexpected emergencies in Community Hospitals was completed prior to three Training & Development Projects which began at the end of August 00 - Review of Medical Emergency Response and Introduction of Automated External Defibrillators (AED); ALERT Course and Rehabilitation + Acute Skills updates.)

### **Implications for future ALERT courses:**

There is an ongoing cost implication if this Course / rolling programme is to continue:

#### **Course Manuals**

Under the terms of the training licence, it is a requirement that a course manual is provided to all attendees - the cost of this is £25.00 per manual. To date 250 have been purchased - shared between the three training teams.

#### **The ALERT Course as a multi-professional training course:**

There is an opportunity to expand the target group for this training - interest has been shown from other professions - for example, Physiotherapists and Occupational Therapists + possibly GP s.

#### **GP attendance on the course - either as Trainers or Participants.**

If GPs are to continue to contribute to the training - and/or attend as participants (possibly those having medical input into GP beds - PGEA points pending) ongoing funding will be required. (This is a particular issue for H&P where there are no Staff-Grade medical staff)

The initial training bid cost for 4 GP s to attend the training day and contribute to the local training in Community Hospitals was £1,850.00 - approx. equivalent to 7 days training.

The success and credibility of the training is enhanced by GP input and fulfils the intention of the ALERT course:

“...The course syllabus recognises that partnership and teamwork are the pre-requisites of good quality care for the “at risk” patient. Doctors must collaborate closely with nurses and physiotherapists as well as having a good relationship with colleagues from related disciplines. Consequently, course has been designed so that medical and nursing staff can train together using a common approach.

The ALERT course incorporates interactive seminars, practical demonstrations and role-play clinical scenarios during which the candidates are encouraged to reflect on their actions and to consider “What would I do next?”. ...

(ALERT Course information, Dr Gary Smith, Course Director)

Progress Report prepared by Code A T&D Projects Co-ordinator,  
c/o Petersfield Hospital (tel: Code A), 23rd April 01

## **7.2 Community Nursing**

### **7.2.1 Health Promotion**

The Service is to be reorganised from April 2001. 2.8 WTE Health Promotion Specialists have been allocated to each locality. The specialists will be employed by the appropriate PCT (where they exist). At least 0.7 WTE secretarial support has been allocated to each locality. Mechanisms will remain to enable sharing of information and good practice between localities.

### **7.2.2 Health Visiting - Fareham**

Changes in Child Health Clinics aimed at reducing waiting times etc. are working well.

### **7.2.3 Child & Family Therapy - Data base**

The specification for a database has been developed by W.C.I. for the five sites in the Child & Family Therapy Service locality teams in Fareham, Havant and Portsmouth City, the district wide services including the Merlin Centre and the Youth Mental Health Service.

The data base will facilitate

- Caseload and workload management
- Identification of service need
- Outcome and activity reporting.

This will enable the Service to address clinical governance, the move from activity based to outcome based recording and contribute to an efficient and effective service for our clients. The whole staff group is extremely keen to use this, and are committed to the training and time it will take initially, so we wish to proceed swiftly with the development and installation of the data base into the sites in order to gain the most of their enthusiasm.

The total cost of the development, installation and training is £19,700 requiring funding of £6,567 each from Fareham and Gosport PCG, Portsmouth City PCT and East Hampshire PCT'.

**Letter from Child & Family Therapy to PCG/Ts sent April '01.**

### **7.3 Health Centres**

There remain two outstanding upgrades which although funded last year non-recurring by the PCG were not able to be progressed:

1. Fareham Health Centre - installation of automatic doors PIR device to improve disabled access - £1,292.00
2. Portchester Health Centre - lowering existing reception desk to improve disabled access - £1,292.00

Total: £2,584.00.

### **7.4 EMH**

A structure review of nursing led by Dr E Thomas will commence in the 1st Quarter. This work follows initial nurse staffing review work and acute staff shortages over the winter months leading to the introduction of contingency arrangements.

### **7.5 Physiotherapy**

#### **7.5.1 Haslar Integration**

On May 1st this year, the Physiotherapy Services at Haslar will be assimilated into PHCT Services. There has been close working with the Physiotherapy Service at Haslar over the past year which has included regular meetings and junior staff rotations attached to PHCT into Haslar. There remain a number of issues still to be clarified.

There have been two briefings for Haslar staff and the offer on the table to meet individually with staff at their request. So far, the briefings have gone well and there have been no requests for individual meetings.

#### **7.5.2 Transfers to PCTs**

On April 1st 2001 Primary Care and locality rehab physiotherapists, PTAs and support staff in East Hampshire and Portsmouth City transferred to their respective PCTs. Prior to the transfer, Physiotherapy managers took a great deal of time briefing staff although there were no major concerns or anxieties expressed by staff. Many saw this as a positive move, allowing service planning to be more pertinent to local people. Both senior Physiotherapy managers in each PCT have been successful in obtaining seats on their respective executive committee. In both cases they are the only therapists on the committee.



## 7.6 Occupational Therapy

### Health/Social Service OT Integration

Each of the three localities are progressing this in different ways, but the commitment to explore the opportunities of a more integrated service delivery is gaining momentum and the OTs themselves are beginning to appreciate the advantages of a much closer dialogue with their colleagues in the other organisation.

## 7.7 Podiatry

### Podiatry Reception Staffing

#### Background

- The podiatry service do not employ any reception staff, in all cases appointments are booked by clerical staff employed by other departments or organisations and occasionally by volunteers.
- The podiatry service has a minimal A&C staffing consisting of 3% of total establishment compared with 16% Dental, OT 13% and Physio 8%.
- Podiatry generates 90,000 appointments per annum and a significant amount of administration is required to provide this function.
- The communication/reporting requirements of the service and the expectations of patients have increased substantially and have generated pressure points in effective team working. The podiatry service is totally dependent on the support it receives from community reception teams and greatly appreciates the efforts from a dedicated team, recognising the challenging nature if this role.
- A recent Podiatry SLG meeting identified the need to undertake a comparative study of a known efficient podiatry reception site to act as a baseline for benchmarking other reception establishments.

#### Petersfield Hospital ; Podiatry Reception Only (no clerical support provided).

Adequate facilities for reception and appointment booking have been agreed at Petersfield Hospital. The increased level of podiatry reception was achieved by transferring money generated by the letting of the clinic room to a private practitioner and cancelling the use of volunteers for which a small budget existed.

16 hours of dedicated reception and appointment booking are provided 4 mornings a week covering a total of 13-sessions. At other times an answerphone asks patients to recall at appropriate times.

Other members of the Community Hospital reception team pick up the appointment making function during any absence for leave, sickness etc.

The above reception service is adequate but not ideal. There are hidden costs associated with afternoon reception, cover for leave and sickness, appointment making for patients calling in and booking of follow up appointments in the afternoon. Answerphone systems can confuse elderly patients and hamper emergency referrals.

From the above, on average it takes 1.23 hours of reception/appointment booking per clinic. There are 310 clinics per week across the trust.  $310 \times 1.23 = 381.3$  hours per week which equates to 10 WTE receptionists.

### **Conclusion**

The Petersfield comparison provides a useful benchmark of 1.23 hours of dedicated reception time for each podiatry session. More work needs to be done to identify how much time is currently directed to Podiatry reception duties and the shortfall, if any, at each clinic.

### **7.8 Dental**

Planning for the second phase of Dental Access Centres needs to be commenced. The Access Centre plan for Portsmouth University needs to be incorporated in a larger of school of dental hygiene and therapy. Discussions are urgently required with the local purchasing confederation and the Chief Dental Officer.

Consideration should be given to the qualification for staff who assist at the Poswillo Unit whilst patients are being treated under General Anaesthesia. The National examination for Dental Nurses in General Anaesthetic Assisting is likely to cease in the next year or so.