

2:00pm The Batteries.

DIVISIONAL REVIEW

**GOSPORT & FAREHAM
DIVISION**

14TH FEBRUARY 2001

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1.1 Notes of Previous Meetings/Action

1.1.1 Clinical Physiotherapy - Specialist in back care

The waiting list had not shifted at this time although it was presumed that this would happen over time when the scheme was up and running.

1.1.2 CPR status EMH Wards

A meeting has taken place between Dr Reid, Dr Banks and Fiona Cameron (See 1.2.4)

1.1.3 Charitable Funds

Arrangements are in hand to reduce balances on GWMH and Podiatry.

1.2 Key Issues for Information /Discussion/Action

1.2.1 Transfer of Services

Fareham & Gosport

A meeting took place on 29th January 2001 between representatives of the 3 PCGs to review the readiness of Dental/OT/Physio and Health Promotion in terms of transfer.

Generally, there were few issues. Also tabled at the meeting was a draft service specification for Physiotherapy.

This was agreed in principle although there was a desire to understand some of the detail and to comment further on the next draft.

Havant & Petersfield

Intermediate Care Schemes

A new role of Practice Development Co-ordinator has been developed as part of the Intermediate Care bid, Jo Odell is the new postholder (in post from 1st December). Jo is based at PCH and works with all ward teams in PCH, EVCH and HWMH as well as having extensive input into the T&D Projects.

Step-down beds have been established at HWMH and on Rowan Ward and are being established at EVCH (not White Ward)

A (new) F grade post has been developed at HWMH with the aim of co-ordinating the step-down beds, working more closely with the Rehabilitation and Community teams and acute Hospital wards. This role is to be a six-month rotational development post for E-grade staff.

Office bases for Rehabilitation Teams have been established at PCH and EVCH. There has been major refurbishment and change of use of several rooms in both buildings. New Equipment related to the schemes is in place throughout the Hospitals. Recognition should be given to the Admin & Support Team at PCH for their considerable achievement in co-ordinating the purchasing process for equipment and related building works.

Car Parking has always been limited at all sites, PCH particularly has potential problems due to increase in numbers of staff based at the Hospital. A feasibility study is underway to review this.

1.2.2 Intermediate Care Training & Development

This is progressing well and a full update is provided at 3.6.

1.2.3 Lift Oak Ward - Briarwood St Christopher's

Continuing issues around safety of this lift. See 3.4.3.

1.2.4 HWMH

Building Works

As a result of close working between the management/admin support/nursing staff + Estates and the various contractors the extensive building works were completed within schedule at HWMH. The 23 beds were fully open by 11th December.

1.2.5 EMH Medical Staffing

Paper attached at 7.4.

The post of staff grade doctor 0.5 has been vacant now for some 15 months. Inability to recruit to the post is viewed as linked to the part-time nature of the post. A meeting has taken place between the Lead Consultant Fareham & Gosport, the Medical Director and the General Manager to discuss the risk issues associated with the continuing inability to recruit - paper attached. The recommendation is that the post is funded to full time in advance of the retirement of the clinical assistant 0.5 in 18 months time.

1.2.6 Podiatry Reception - See 7.5

2. KEY GOVERNANCE INDICATORS (BY SERVICE)

2.1 Community Hospitals

Topic	Start Date	Actions/responsibility	Target Date	Completion date
Assessed Risks				
Lift between floors - Briarwood St Xs	July 2000	Most recent risk assessment is 8. Work is planned to resolve door issue end March.	?	
GWMH Taps	July 2000	Priorities for replacement work completed . Need to fund £.	?	
Complaints				
Code A - Daedalus	Aug '98	Awaiting response from CPS. Action plans produced for managing result in response to meeting with staff.	? March '01	
- Dryad	Jan '00	Date for Independent Review awaited. Staff aware.	Feb/Mar '01	
- Dryad	Nov '98	Result awaited from Ombudsman.	Unknown	

2.2 EMH

KEY GOVERNANCE INDICATORS -

Topic	Start Date	Actions/responsibility	Target Date	Completion date
Assessed Risks Staff shortages Inpatient areas	Dec '00	Contingency arrangements agreed with staff and came into operation Jan '01. (See also EMH Nursing Review)	Fortnightly review	

2.3 Dental

Topic	Start Date	Actions/responsibility	Target Date	Completion date
Assessed Risks	Sept '00	Authorised contractors reviewed and contract now let		Jan '01

3. CLINICAL GOVERNANCE INDICATORS

3.1 COMPLAINTS

Service	COMPLAINTS	REVIEW
<p>Community Hospitals (A15)</p> <p>Formal</p>	<p>Code A W 8/00 Sultan Ward. Investigations complete. Family remained dissatisfied. Information sought from PHT and shared with family at meeting between Dr Knapman, Clinical Manager and Fiona Cameron in December '00. Further letter sent Jan '01. No response yet.</p> <p>Code A - Sultan - Dryad - Daedalus</p>	<p>Review of these led to workshops focused on:</p> <ul style="list-style-type: none"> * Nutrition & drinking * Communications with relatives * Attitudes of staff
<p>Informal</p>	<p>Code A 12/00 - Parking at St Xs. Letters also received from Hampshire Fire Brigade and Fareham Borough Council. Yellow lines requested.</p>	<p>Awaiting response from FBC.</p>

3.1 COMPLAINTS

Service	COMPLAINTS	REVIEW
Dental Informal	<p>Code A - Dec '00 Attitude of dentist. Apology sent.</p> <p>Code A - Dec '00 Attitude of dentist. Apology sent.</p>	<p>Resolved.</p> <p>Resolved.</p>
EMH (A11) Formal	<p>Code A - Dec '00 Summervale - Mother's chair being used by other patients - Lack of care - Attitude of member of staff. Investigation complete. Letter sent 5.1.01. No response as yet.</p> <p>Code A - Oct '00 Mulberry Attitude of doctor. Investigation complete. Complainant satisfied.</p>	<p>Meeting to be arranged with daughter, nursing staff and Consultant.</p> <p>Now resolved.</p>
Informal	<p>Code A - Dec '00 Community Complaint re behaviour of CPN. Investigation complete. Letter sent 11.01.01. No response as yet.</p> <p>Code A - Oct '00 Redclyffe Complaint re state of building . All issues now resolved.</p> <p>Code A - Dec '00 Mulberry Re: Care at night. Investigation undertaken.</p>	<p>Now resolved.</p> <p>Now resolved.</p>

3.1 COMPLAINTS

Service	COMPLAINTS	REVIEW
<p>Podiatry (A20)</p> <p>Formal</p>	<p>Code A - Nov '00 Complaint re treatment at clinic</p> <p>Code A Nov '00 Long wait for treatment</p> <p>Another 4 informal complaints related to unsatisfactory treatment and waiting times.</p> <p>Complaint trend is still around waiting times between appointments which still relates to about 50% of all concerns raised. There appears to be a rising trend in reported unsatisfactory treatment. This relates to the increasing workload that clinicians are facing.</p>	<p>Resolved 30.11.00</p> <p>Resolved 20.11.00</p>
<p>Physiotherapy (A26)</p> <p>Formal</p>	<p>Code A - Oct '00 Attitude of Physio Apology offered.</p> <p>Code A - June '00 Re treatment</p>	<p>Resolved 13.11.00</p> <p>Now resolved January 2000</p>

LETTERS OF THANKS AND DONATIONS

	Total Number
GOSPORT WAR MEMORIAL HOSPITAL	34 (Donations £153.00)
ST CHRISTOPHER'S HOSPITAL	60 (Donations £1,345.00) *
COMMUNITY NURSING	54
HWMH HAVANT & PETERSFIELD EVCH PCH	23 (Donations £1,422.00)
THERAPIES	100
DENTAL	10

* Briarwood at St Christopher's Hospital has received three letters which indicate exemplary standards of care and kindness from staff.

3.2 CLINICAL GOVERNANCE ACTION PLANS

<p>COMMUNITY HOSPITALS</p>	<ul style="list-style-type: none"> • 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. • The Practice Development Facilitator group has been expanded to include H Grade nurses in Community Hospitals and functions both as an operational group and as an action learning group. • Training and Development Staff training and development as a result of ongoing Intermediate Care development continues to have a high profile. Staff have attended courses: ALERT ECG Cannulation Intravenous Therapy Management. • Action Learning Group has been reviewed with the H Grade now the facilitator. Topics discussed - GP Communication, To Resuscitate or Not, and Self Rostering. The Emergency Response Protocol has been developed.
<p>COMMUNITY NURSING</p>	<p><u>School Nursing</u></p> <ul style="list-style-type: none"> • Evidence based practice groups have not yet been set up due to other pressures on the service. • Enuresis - the service specification on the pathways of care have been launched. • User care initiatives - we have received the first user questionnaire from the enuresis care pathways package, these should be included in future reports. • The Health Promotion Nurses have received over 50 letters of thanks from schools. The mainstream nurses have received phone calls thanking them for their help and advice.

	<p><u>District Nursing - Fareham/Gosport</u></p> <ul style="list-style-type: none"> • Clinical Supervision - some groups now functioning to be reviewed at Steering Group in February. Clinical Standards continue to become more evidence based. • Method of monthly monitoring of Clinical Standard for 2001 being reviewed. <p><u>Health Visiting - Fareham</u></p> <p>Clinical Supervision Multi nursing groups meeting.</p>
EMH	<ul style="list-style-type: none"> • User involvement project/questionnaire implemented on Ark Royal. Now developing evaluation tool for users and carers involved in MDT initial assessment project. • Mulberry Collingwood environmental changes to meet needs of people with dementia completed. The re-organisation of Mulberry has now been running for 12 months. Dementia care mapping and evaluation planned in Feb. • Format of Clinical Governance group revised to reflect more Trustwide issues and MDT Education meeting focused to address priorities • Continuing assessment workshops booked to review Redclyffe and Summervale and ensure implementation of continuing care review. • Joint Working Days held with social services. Joint EMH bids generated in preparation for NSF. Joint presentation to PCG planned. • 0.5 CPN recruited to CES.

<p>Physiotherapy</p>	<ul style="list-style-type: none"> • A Physiotherapy conference was held November 2000 • The CPD group continues . • A number of clinical specialists have been appointed.
<p>OT</p>	<ul style="list-style-type: none"> • Evaluation of last year's Peer Review Groups has been undertaken and the feedback from participants noted and where possible incorporated into this year's schedule as follows: <ul style="list-style-type: none"> The number of sessions will be reduced to 3 They will occur during term time Attendance is mandatory Each group will agree at the first session, leadership and content of the session • A working group has been set up following an internal audit to standardise the Occupational Therapy Notes. This work is now nearing completion. The note format will be based on the Reed and Sanderson model of Occupational Therapy Practice and study afternoons have been set up for its implementation by all staff.
<p>Dental</p>	<ul style="list-style-type: none"> • Incorporate the Personal Dental Service into the Peer Review Audit Process. • Continue to adapt and refine the Peer Review process to take account of required changes in working practice. • Formulate a clinical audit programme for 2001/2002. • Carry out the Health & Safety /COSHH Risk Assessment procedure for all clinics. • Introduce the patient contract for all staff and independent patient treatment evaluation which forms part of the contract.

3.3 CLINICAL AUDIT REPORTS

<p>COMMUNITY HOSPITALS</p>	<p>Bed rails Audit. 1st draft to Community Hospitals Service Lead Group - February for discussion and action planning.</p>
<p>DENTAL</p>	<ol style="list-style-type: none"> 1. Orthodontic extractions (standard 100% under local anaesthesia). Result 92% (with exceptions) met the standard 80% no good reason for general anaesthetic. 2. Referral to General Dental Practice (standard 100% dentally fit children accommodated in General Dental Practice). Result only covered half able to find dental care in General Dental Practice. All those patients contacted could not remember being given the information pack. 3. Dental Emergencies - results being analysed. 4. School Dental Screening outcomes - ongoing.
<p>COMMUNITY NURSING</p>	<p><u>First Assessment Audit Report</u></p> <p><u>District Nursing - Gosport</u></p> <p>Message taking reviewed and future format agreed. Pigeon holes re-labelled in a better way which has resolved problem of messages being mis-directed.</p> <p><u>District Nursing - Fareham</u></p> <p>This has now been seen by all staff. A workshop has been held to develop a framework for an Action Plan Small groups of staff are now working to further develop the Action Plan and to carry its action forward.</p>

PHYSIOTHERAPY	None in quarter but ongoing with a goal setting in pelvic floor exercises.
EMH	Audit of prescription cards completed on Mulberry Audit of NFR Stickers completed on Mulberry Audit of coping with depression group continues on Ark Royal

3.4 RISK ASSESSMENTS

3.4.1 RISK ASSESSMENT REPORTS

Fareham & Gosport Q3 2000/2001 Staff /
Premises incidents by area and event type

	TOTALS	Briarwood	Cedar Ward	Daedalus	Dolphin Day	Dryad	Emsworth	Fareham HC	Gosport HC	Gosport War	Havant War	Laurel Day	Lee HC	Mulberry	OT	Poswillio	Phoenix Day	Redclyffe Hse	Rosewood	Rowan	Shannon	Sultan	Tamar	Willows
1 Assault (actual-victim)	4													2										2
2 Assault (threatened-victim)	0																							
3 Assault (verbal abuse-victim)	2																	2						
4 Back injury/pain	0																							
5 Bite (animal/insect)	0																							
6 Bullying/intimidation	0																							
7 Bumped/Caught in/Struck by	3	1	1				1																	
8 Choking	0																							
9 Equipment (causing injury)	0																							
10 Equipment (failure)	1								1															
11 External provider	1										1													
12 Fire (actual)	0																							
13 Fire (false alarm)	1										1													
14 Flood	0																							
15 Harrassment (non-sexual)	0																							
16 Harrassment (racial)	0																							
17 Harrassment (sexual)	0																							
18 Hazardous exposure (chemical/electrical)	0																							
19 Infection risk (body fluids)	0																							
20 Infection risk (clinical sharp)	0																							
21 Infection risk- disease exposure	0																							
22 Injury/pain onset - no causal activity	0																							
23 Manual handling (object)	2								1															1
24 Manual handling (person)	5																1	2		2				
25 Medical collapse	3					1						1									1			
26 Medication errors	0																							
27 Other injury - non pt care related	0																							
28 Pain (Complaint of)	0																							
29 RTA	0																							
30 Scald/Burn	1																			1				
31 SCIP use	0																							
32 Security (damaged property)	0																							
33 Security (dangerous/illicit goods)	0																							
34 Security (illegal entry attempt)	2									1	1													
35 Security (illegal entry)	0																							
36 Security (intruder)	1																						1	
37 Security (key/combination loss)	2							1			1													
38 Security (missing patient)	0																							
39 Security (missing property <£1000)	2								1													1		
40 Security (missing property >£1000)	0																							
41 Security (public disorder)	0																							
42 Service failure (data protection)	0																							
43 Service failure (duty of care)	1										1													
44 Service failure (utilities)	1	1																						
45 Sharp - non-clinical	0																							
46 Skin (damage to)	3										1						1						1	
47 Slip/trip/fall	4	1	1							1			1											
48 Staffing (medical)	0																							
49 Staffing (nursing)	4	1		1																			2	
50 Staffing (support)	0																							
51 Unsafe practice conditions	0																							
52	43	4	2	1	0	1	1	1	3	2	6	1	1	2	0	0	2	4	0	3	2	4	1	2

Fareham & Gosport Q3 2000/2001 Patient incidents by area and category		TOTALS	Briarwood	Cedar Ward	Collingwood	Daedalus	Dolphin Day	Dryad	Ernsworth	FarehamHC	Gosport War	Gosport HC	Havant War	Hill Park Clinic	Lee-on-Solent HC	Mulberry	Min Inj's Gosp	OPD (P'field)	Phoenix Day	Physio	Podiatry	Poswillow	Redclyffe Hse	Rosewood	Rowan	Shannon	Spruce	Sylvan Clinic	Sultan	Willows	
1	Abseondment (actual)	1										1																			
2	Abseondment (attempted)	0																												1	
3	Assault (actual-assailant)	2			1																		2								
4	Assault (actual-victim)	3			1																										
5	Assault (threatened-assailant)	1			1																										
6	Assault (threatened-victim)	0																													
7	Assault (verbal abuse-assailant)	0																													
8	Assault (verbal abuse-victim)	0																													
9	Bite (animal/insect)	0																													
10	Bullying/intimidation	0																													
11	Bumped/Caught in/Struck by)	14	2				1		1							2			1			2	2		1				2		
12	Choking	0																													
13	Equipment (causing injury)	3			1								1																		
14	Equipment (failure)	2												1										1							
15	Fall (found on floor)	86	4	4	18	9	2	6				3			1							4	1	5	1			22	6		
16	Fall (medical collapse-seen /reported)	1										1																			
17	Fall (seen-reported)	26		1	5	1		4															4	3	3			3	2		
18	Fall (slip/trip-seen/reported)	14	1			3	2														1		2		2				3		
19	Fire	0																													
20	Flood	0																													
21	Harrassment (non-sexual)	0																													
22	Harrassment (sexual)	0																													
23	Infection risk (clinical sharp)	0																													
24	Infection risk disease exposure	0																													
25	Manual handling	2							1															1							
26	Medical collapse	3					1			1												1									
27	Medicines management	4							1															2						1	
28	Pain (Complaint of)	0																													
29	Risk behaviour no injury	0																													
30	RTA	0																													
31	Scald/Burn	0																													
32	SCIP use	0																													
33	Security (damaged property)	1																									1				
34	Security (dangerous/illicit goods)	0																													
35	Security (illegal entry attempt)	0																													
36	Security (intruder)	0																													
37	Security (key/combination loss)	0																													
38	Security (missing patient)	0																													
39	Security (missing property <£1000)	1																												1	
40	Self harm	0																													
41	Service failure (data protection)	0																													
42	Service failure (duty of care)	2				2																									
43	Service failure (utilities)	0																													
44	Skin (damage to)	14			4				1				1							1				5						2	
45	Staffing (medical)	1				1																									
46	Staffing (nursing)	8				1		2	1																					4	
47	Suicide	0																													
48	Suicide attempt	0																													
49	Treatment consequence	0																													
50	Unexpected death	0																													
TOTALS		189	7	6	31	17	0	8	14	1	1	0	6	1	1	3	0	0	1	1	1	1	1	19	11	10	2	1	0	36	11

Fareham & Gosport Q3 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
1	6							7	Briarwood	4		1		2	1			
	5							5	Cedar Ward	2		2						
								0	Cedarwood Day	0								
	28		3					31	Collingwood	0								
	16		1					17	Daedalus	1		1						
								0	Dolphin Day	0								
	7		1					8	Dryad	1				1				
								14	Emsworth	2		1						1
	10	1		3				1	FarehamHC	2		1		1				
	1							0	Gosport HC	3		1		2				
								1	Gosport War	2				1		1		
	1							6	Havant War	6	1	1		3	1			
	4	1	1					1	Hill Park Clinic	0								
								1	Lee on Solent HC	0								
				1				0	Laurel Day	1				1				
								3	Mulberry	1		1						
	2		1					0	OT	0								
								0	Petersfield Hosp	0								
								1	Phoenix Day	2		1	1					
	1							1	Physio	0								
	1								Podiatry	0								
	1							1	Poswillo	0								
								0	Portchester HC	0								
								0	Potteries	0								
1	15		2				1	19	Redclyffe Hse	4	1	1		2				
	10	1						11	Rosewood	0								
	10							10	Rowan	3		3						
								0	St Christophers	0								
	2							2	Shannon	2			1	1				
	1							1	Spruce	0								
	35		1					36	Sultan	4		4						
								0	Sylvan Clinic	0								
									Tamar	1		1						
	10		1					11	Willows	2		2						
2	166	5	11	4	0	0	1	189	TOTALS	43	2	21	2	14	2	1	0	1

3.4.2 CRITICAL EVENTS (NOT KEY GOVERNANCE ISSUES)

Community Hospitals

Female member of the chaplain's team collapsed on ward. She was admitted to the GWMH incorrectly. Critical event analysis undertaken and action plan discussed with staff to ensure they understand the correct emergency response protocol. Training for staff provided.

HealthCare Support Worker at St Christopher's had a substantial amount of cash taken from her handbag locker during October. The Police enquiry outcome was that there was insufficient evidence to proceed. The staff member claimed compensation and following advice the Trust's view was not to pay this. A grievance has been raised and the 2nd stage meeting has taken place. At present awaiting outcome of this stage.

EVCH No 01194

A Critical Incident reported from EVCH re: Nu-Cidex. An incident occurred where due to a packaging change, the Nu-Cidex was incorrectly prepared with the result that instruments used in a Colo-rectal Clinic were not fully sterilised. This was not apparent until the product was being re-ordered. The Incident was reported immediately and the likely Clinical Risk to the patients was assessed by the Consultant. Information was also obtained from Infection Control and the Trust Risk Advisors.

There were no reported ill-effects from this group of patients following the incident. Other outcomes included an urgent local review of the incident via the Service Manager and Clinical Manager, in depth discussion with staff concerned centring on roles, responsibilities + the reporting process as well as an immediate revision of the clinic guidelines to address packaging issues as well as information being cascaded to other relevant Outpatient Clinic areas.

(NB all staff involved in this incident were regular staff for that type of clinic and had previously received appropriate training for this)

EMH No 18211

2 incidents of whistle blowing at Redclyffe House - investigation taking place.

Podiatry**Podiatry Couch Failure**

Part of hydraulic lift on Podiatry couch sheared causing chair to fall. Patient and clinician unharmed but shocked.

Action: Audit of all couches carried out. 23 found to be over 15 years old (age of failed couch). Replacement programme implemented with recent non-recurring funding.

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

St Christopher's

Briarwood - Oak Ward Lift

This lift is an integral part of Briarwood and supplies Oak Ward which has 6 beds. Despite regular insurance and health and safety checks this lift continues to cause major concern for the staff. There have been 2 near misses in one week in which the lift door was opened whilst the cage of the lift itself was on the ground floor. Julie Jones has been advised of the problems. At present we are awaiting the fitting of new doors and work to the lift car which is planned to be carried out by 23rd March 2001. Unfortunately all the remedial work does not keep the lift in working order or restore the confidence of staff.

Dental

Envirodent now have the contract to deal with the disposal of special waste from dental departments.

Physiotherapy

GWMH Reception area - Open desk, computer - confidentiality.

Risk assessment now complete. Paperwork reviewed on work previously shelved.
Clear desk routine run.
Staff shortages In-Patients Acute - reduced support for junior staff. Locums searched for, posts advertised.

Health Promotion

Nominated risk assessor attended update training. Risk assessments for health promotion service are currently being updated.

Community Nursing

School Nursing - Assessments still to be completed a Special Schools Nurse and Health Promotion Nurse still to undergo training in risk assessment.

District Nursing Fareham

Some manual handling problems were identified due to equipment not being available i.e. no guide sheets, and hospital bed and cot sides not delivered when required. These problems were resolved locally and the DN representative took them to the Home Loans Users Group to prevent future problems.

District Nursing - Gosport

Risk event of patient discharged from Haslar with wrong type insulin in mis-labelled packaging. Reported to Surgeon Captain R Taylor and copy of risk event and the insulin returned for their investigation.

Health Visiting - Gosport

Abusive telephone call.
Handbag stolen
Action plan regarding telephone calls from particular patients.
Security awareness heightened.

Health Visiting - Fareham

Car parking at Fareham Health Centre - Two risk event forms received. Staff blocked in the car park resulting in late visits to clients.
Action - Discussed with premises manager who is in the process of reallocating bays between FHC staff and Social Services. Managers will be informed of any member of staff misusing the car park.

Health Centres

1. Handbag stolen from office at Fareham Health Centre - dated 28/11/2000
2. Child fell over and banged head on table in Fareham Health Centre waiting room - dated 15/12/2000
3. Patient carrying a small child slipped on ice outside Gosport Health Centre main entrance - No injury to the child - adult sustained torn knee ligament - taken to QAH by ambulance - dated 28/12/2000

EMH

There have been serious staffing problems in this quarter related to sickness and in particular to Winter Pressures and Intermediate funded posts removing staff from established clinical areas. Contingency plan agreed.

OT

Home Visit transport: Taxis versus use of OT's own car.

This issue has been raised, particularly when HVs are arranged for CAP scheme patients, where there is no contract for Taxi services. Long waits have been experienced often in unheated houses and OTs have had to pay cash for the journey and then claim it back under petty cash schemes. In the interest of efficiency and patient care, OTs have asked to be allowed to use their own cars for this purpose - a practice some have operated in other parts of the Country and one which is currently operated within both Portsmouth and Hampshire Social Services. Following discussion with Lorna Green and consultation with the Trust Policy, it is proposed that we issue a memo to all staff reminding them of the Trust Policy's strong recommendation that they do not use their own car; reiterating the need for their own insurance company to be made aware that they are not only using their car for business but also will be carrying patients; and that the decision to use their car must be based on sound clinical judgement.

or easy enough to set up an account with a local taxi firm (even if not a formal contract) which will enable payment via creditor payments in the normal way.

3.5 WAITING TIMES

Community Nursing

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 7 weeks.
Patients are being offered an earlier appointment in Gosport who currently have a waiting list time of 4 weeks.

District Nursing - Gosport

Leg ulcer clinic for Gosport commencing 17 01 01.

Health Visiting - Fareham

Primary Birth Visits - 81% seen within 10 - 14 days postnatally.
Deficit due to part time worker covering vacancy and annual leave in monitoring week.

Plan - Vacancy now filled so problem should be reduced.

Dental

The waiting times for orthodontic treatment are still unacceptably high. A 'pump-priming' initiative is being explored with Portsea Island Primary Care Group to improve the situation in that locality.

Orthodontics = now part of PCT rather than PACT.

3.6 CLINICAL EFFECTIVENESS

Community Hospitals

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.

The Alert Course:

(Acute Life-Threatening Events - Recognition and Treatment) The Trainers have attended training days and have now identified training dates for the target group of qualified nursing staff (GP s working in the Hospitals will be invited to the training). There are two training teams based in F&G and H&P, the training will be co-ordinated in these localities during February and March. The Project has a trust-wide focus via the T&D Project Group and the Evaluation will be done on a Trust-Wide basis.

(A Training team has also been established in Elderly Services as part of this project, training will be co-ordinated within that service and included in the whole project evaluation)

The next stage is to identify interest from other professions and to have a rolling programme of multi-professional training. Also identify extent of GP interest/ involvement in the medium - long term and identify the likely cost implications.

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)

A smaller project is under way relating to the Administration of Medicines for HCSWs checking role.

There has been tremendous interest and co-operation from all staff involved in these Projects from both the wards/clinical areas and admin support staff.
An information bulletin is in preparation for the PCGs.

Dental

A recently appointed Dental Practitioner is also a member for the Commission for Health Improvement.

Community Nursing

School Nursing - Meningitis C campaign latest figures for the school nurse initiative have been given as Colleges = 81%, Secondary = 87%, Primary = 90%.

Clinical supervision - half day evaluation took place in November. Comments were very positive. Special School Nurses have received training and their sessions will start soon and be facilitated by Pauline Hill.

Health Promotion

A project protocol, for health promotion projects has been produced.

Physiotherapy

NSF for Stroke in use in rehabilitation scheme.
Patient pathways being introduced on acute sites.
Ongoing audits of clinical guideline.

OT

Towards integration with Social Service colleagues:

Phase one of this is now settling down, and much of the initial anxieties have reduced. Management of Acute Medical and Acute Elderly referrals has presented a major problem and a new protocol is to be trailed this month which is hoped will be more acceptable to referrers.

Each Locality is exploring future options to enable the development of closer integration of services and the implementation of one OT per client along the continuum of care.

The devolvement into community services has meant some disruption to the basic grade rotation. In order to ensure that junior staff have the opportunity of gaining a broad base of skills we are introducing schemes which enable them to gain specialist competencies whilst working in a more generic way. The first two of these schemes to be developed will be based on the stroke protocol and the elective hip replacement protocol.

- **Post Registration Year**

The multi-professional post registration year has been altered this year. It now incorporates a mentoring scheme with Senior staff matched with post reg. year participants of another discipline. Senior staff have had a half day workshop lead by Code A to explore the issues of mentoring and a follow-up session is planned for half way through the programme. The project will also be approached differently. Each participant has been placed in a multi-disciplinary group of four lead by a top professional , and together they will develop a presentation and paper around a theme of interest to all services. Initial feedback is promising.

3.7 3RD QUARTER QUALITY REPORTS

COMMUNITY HOSPITALS THIRD QUARTER QUALITY REPORT

JANUARY 2001

Compiled by the Community Hospitals Service Lead Group 26th Jan. 01.

	ACTIONS	OUTCOMES	2001/02 PLANS
<p>COMPLAINTS</p> <ul style="list-style-type: none"> • A review of five complaints in F&G was undertaken and three themes were identified. Eating and drinking, Communications with relatives and attitudes of staff. • A review of management of a recent police investigation revealed areas for development for the organisation. 	<p>Meeting arranged with consultant and nursing staff to identify actions to address these areas.</p> <p>An action plan to deal with the results of the CPS review.</p> <p>A procedure to be developed to ensure lines of communication and staff and family support are co-ordinated should there be any future investigation of this nature.</p>	<p>Opportunity to look in depth at the themes and action plan from this.</p> <p>Clarity re processes and procedures to support staff and their families</p>	<p>Share results of workshop and subsequent work in community hospitals clinical network meeting.</p> <p>These action plans and procedures to be shared with participating staff.</p>
<p>RISK</p> <p>Work continues in relation to falls. A multi disciplinary working group is meeting across</p>	<p>A review of the times of falls has been undertaken and information shared with clinical</p>	<p>Staff awareness raised and training undertaken in relation to BP measurement, falls</p>	<p>This work will continue to feed into the community hospitals clinical network group</p>

community hospitals.	managers. In addition an assessment tool has been developed based on current evidence and training undertaken with staff.	prevention and assessment of potential to fall.	
CLINICAL EFFECTIVENESS Training and development in relation to intermediate care has been high on the agenda this year	A training group was established to take this work forward ensuring training inputs were evidence based and appropriately managed.	Alert training for trainers is complete and will be rolled out to relevant staff during Feb and Mar. Training in the use of AED's is also complete and systems for use in place in all community hospitals.	The group will continue reporting to the community hospitals clinical network group. Further work to be undertaken to establish the competencies required on an ongoing basis and to determine quantity etc.
USER/CARER INITIATIVES	The Outpatient forum is currently working on a survey	The main aims of the forum is to achieve uniformity, support for each other and share good practice	The main focus for the year is to make booking systems more patient centred and accessible.
PATIENTS CHARTER	Many areas have been upgraded in year. Ward budget allocation have allowed clinical managers and staff to purchase additional equipment	Environmental improvements Improvements to the quality of equipment.	Further work will be undertaken as part of the 'cleanliness in hospital' initiative.
DIVERSITY MATTERS	Equal opportunities workshops held	Raised staff awareness	
STATUTORY/ LEGAL The Oak ward lift (Briarwood St	All options for replacement have	There continue to be concerns in	Work commissioned to

Christopher's) has continued to be a source of concern in relation to health and safety	been considered. Estates support to episodes of malfunction are now speedy. The lift is checked by the maintenance company with increased frequency	particular related to the door mechanism.	take place Mar 01 re the door mechanism.
CLINICAL GOVERNANCE APPROACH	The community hospital service lead group held an away day in Nov to determine the way forward after the 1st Apr. 2001	It was agreed that there need to be continued cross fertilisation across community hospitals in the transitional year at least. A set of standards was agreed in terms of clinical governance issues and these will co-ordinated by the clinical network group. Standards attached.	Share clinical governance standards with PCG/T's. Organise clinical network meetings 2001/2002.

COMMUNITY HOSPITALS

GOVERNANCE FRAMEWORK - JANUARY 2001

Community Hospitals are locality based and serve natural communities in Fareham & Gosport and Havant & Petersfield and have historically been managed locally within a district framework. The Service is therefore well placed to join PCTs.

The district framework has provided a platform for development in relation to service planning (inclusive of other professions) training and development, practice and nursing leadership and development.

The Community Hospitals Service Lead Group has co-ordinated this framework and provided a robust mechanism for sharing ideas, managing projects, developing standards and implementing policy.

Community Hospitals have always had a strong nursing core, however the Service Lead Group has developed as a multi-disciplinary forum representative of the way in which services are integrated within community hospitals.

From 1st April 2001 the Community Hospitals in Havant & Petersfield will become part of East Hants PCT. The Service Lead Group held an away day to review the Group, determining service elements that required a continuing district wide focus in the transitional year at least.

The following represents the outcome of these discussions.

ISSUE	STANDARDS	PROCESS
<u>CLINICAL AUDIT</u>	Audits will be based on agreed criteria to include NSF priorities	The clinical network group receive and disseminate funding in addition to locality arrangements
	Action plans will be shared across the district / PCTs	
<u>EDUCATION, CPD, RESEARCH AND EFFECTIVENESS</u>		
Clinical leadership	<ul style="list-style-type: none"> • Clinical leaders will focus on clinical supervision) Clinical effectiveness) Evidence based practice) 	<ul style="list-style-type: none"> • District PDF forum • Community Hospitals clinical network group
Multi professional working	<ul style="list-style-type: none"> • Multi professional working is encouraged 	
	<ul style="list-style-type: none"> • The culture is based on performance review and personal development 	
	<ul style="list-style-type: none"> • Safe creativity and innovation 	<ul style="list-style-type: none"> • develop action learning in clinical network group
	<ul style="list-style-type: none"> • Co-ordinated commissioning of training <p>There will be baseline competencies</p>	Practice development facilitators group to take the lead and report via clinical network.

ISSUE	STANDARDS	PROCESS
<u>WORKFORCE</u>		
Contingency Arrangements	<ul style="list-style-type: none"> • There are mechanisms in place to provide district wide cover in emergencies 	
Recruitment	<ul style="list-style-type: none"> • Developments in workforce / planning are shared 	
	<ul style="list-style-type: none"> • Vacancies and recruitment initiatives are shared 	
<u>INFORMATION</u>		
<ul style="list-style-type: none"> • Role of Nurse • Sharing developments in clinical information to patients 	<ul style="list-style-type: none"> • Information supports the role of nurses and therapists • Patient information initiatives will be shared 	
<ul style="list-style-type: none"> • Intermediate care 	<ul style="list-style-type: none"> • Inf. collected re this is standardised across the district 	<ul style="list-style-type: none"> • Work with I.T. • Sharing work in progress

ISSUE	STANDARDS	PROCESS
<u>RISK MANAGEMENT</u>		
• 'On call'	Community Hospitals will have access to managers out of hours to support decision making	<ul style="list-style-type: none"> • District wide out of hours management on call
• Major incidents	Community Hospitals will be able to respond in a co-ordinated way	<ul style="list-style-type: none"> • Close links
• Risk assessment	There are mechanisms in place to ensure all staff have the opportunity to learn from reportable incidents	<ul style="list-style-type: none"> • Feedback from Falls Group to clinical network group • Clinical supervision framework • Action learning in group
<u>PATIENT EXPERIENCE</u>	Patient feedback from complaints are incorporated into developments	
	Patient process in OPD is the subject of constant review.	OPD forum to report via clinical network group.
	There is evidence that feedback from complaints and action plans are shared	

Portsmouth HealthCare NHS Trust
COMMUNITY DENTAL SERVICE
QUALITY/CLINICAL GOVERNANCE REPORT
2000/ 2001

Complaints

The one formal complaint against the service over the previous four quarters related to waiting times for appointments at the Fareham Health Centre. This was due entirely to staff shortages at the time.

Informally there has been a trend towards this kind of complaint which hopefully the recent recruitment successes will avoid in the future.

The problems concerning the lack of orthodontic treatment continue, but these are now thankfully shared with the Orthodontic Service at Queen Alexandra Hospital.

The clinical management of the Orthodontic Service is now the responsibility of Portsmouth Hospitals.

Out reach orthodontic clinics are conducted currently at Petersfield Hospital, Eastney Health Centre, Havant Health Centre and Gosport Health Centre. It is likely however that these clinics will be reduced to Petersfield Hospital and Gosport (possibly Haslar Hospital) in the coming year.

Annual Risk Assessments

A Community Dental Service Risk Assessment process has been piloted in the Havant and Gosport Health Centres. As a result of these pilots a revised assessment form has been devised and a further pilot will be conducted at another clinic in the near future. (New form available from Code A)

User/Carer Initiatives

A patient contract (attached) has been devised and agreed by the Dental Officers. The contract not only details the level of service patients should expect but also gives some indication as to the home dental care we would expect for the maintenance of dental fitness.

As part of the Clinical Governance Initiative there will be the opportunity for other dentists to appraise the whole user experience of dental treatment, this also being indicated in the patient contract.

- 2 -

Quality Improvements

The Capital Equipment Replacement Programme has benefited the service greatly with the renewal now of one clinic each financial year. Additional monies will be used to purchase hand pieces, relative analgesia machines and scaling equipment which would hugely benefit the quality of service provided. The overall condition of some waiting areas across the Trust leaves a lot to be desired.

Clinical Audit

There are currently four Community Dental Service Audits.

The audit on school dental screening outcomes is ongoing and will require further data collection next year.

The results of the three remaining audits have been obtained and are currently being written up. These audits are concerned with dental emergencies, orthodontic extractions and referrals to General Dental Practitioners.

ADJ/DDO/MES
11.01.2001.

You (name)

have been accepted by us for your dental treatment.

Sometimes it will not be the dentist who will treat you. It maybe that the type of treatment needed will be done by a Therapist (who can take out baby teeth or do small fillings) or a Hygienist (who can clean and polish badly-stained teeth).

We will do everything we can to keep your mouth healthy, but in return there is a lot you can do to help. Cleaning your teeth twice a day with a fluoride toothpaste, along with cutting right down on sugary foods and fizzy drinks will soon help you to keep your teeth healthy.

We are all very busy, so if you can't come for any reason, please let us know as soon as you can so we can give that appointment to another person. We may not get in touch with you if you miss an appointment, you may have to get in touch with us.

If you are in pain, and need an urgent appointment, we can offer an appointment within 24 hours, but it may not be at your usual clinic or with your usual dentist.

At the weekends or over bank holidays you can go to the Poswillo Dental Centre if you are in pain. The Centre is open from 8.45 and - 11.30 am on these days.

Usually your mouth should be checked twice a year, sometimes you may need to be seen more often. If patients are without natural teeth, once a year is recommended.

It is not always possible to let you know when you are due to come to us, so please remember to ring and make an appointment about one month before the time is due.

To maintain a high quality service we have to check the work being done, so it is necessary from time to time to ask a few people to attend for a check up by another dentist. It is possible that you may be asked to do this.

Please help us give you the high quality service we would like to offer you by remembering the above

Your dentist is:

Your clinic is:

Podiatry Quality report 3rd Quarter 2000/01

Information and evidence

Complaints

Last Quarter of these: **6 complaints - all complete**
 3 regarding unsatisfactory treatment
 3 regarding waiting time between appointments

Last 12 months of these: **24 complaints - 23 complete, 1 legal action ongoing**
 5 regarding unsatisfactory treatment
 13 regarding waiting time between appointments
 3 regarding attitude
 1 regarding equipment
 2 regarding discharge

Complaint trend is clearly still around waiting times between appointments which still relates to about 50% of all concerns raised. There appears to be a rising trend in reported unsatisfactory treatment, this relates to the increasing workload that clinicians are facing.

Risk/Incidents

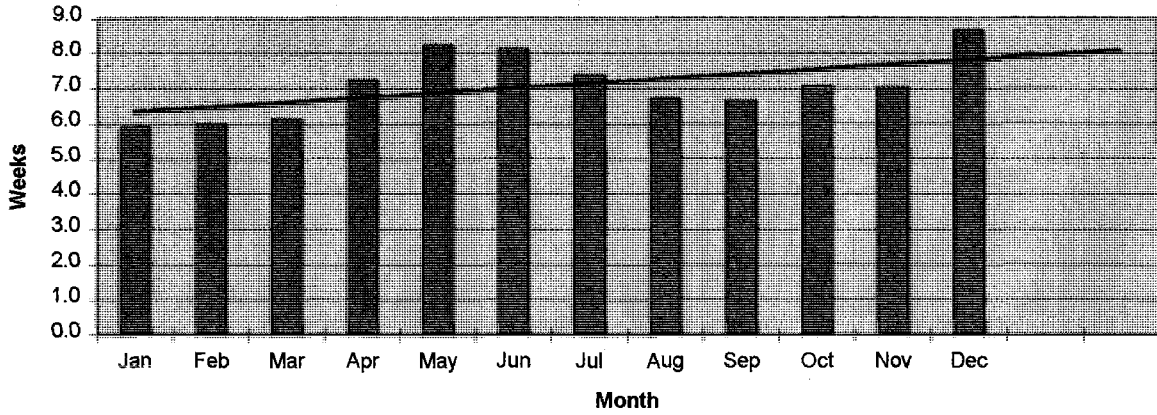
Podiatry couch failure - part of hydraulic lift on Podiatry couch sheared causing chair to fall. Patient and clinician unharmed but shocked.

Action: Audit of all couches carried out. 23 found to be over 15 years old (age of failed couch) Replacement programme implemented with recent non-recurring funding.

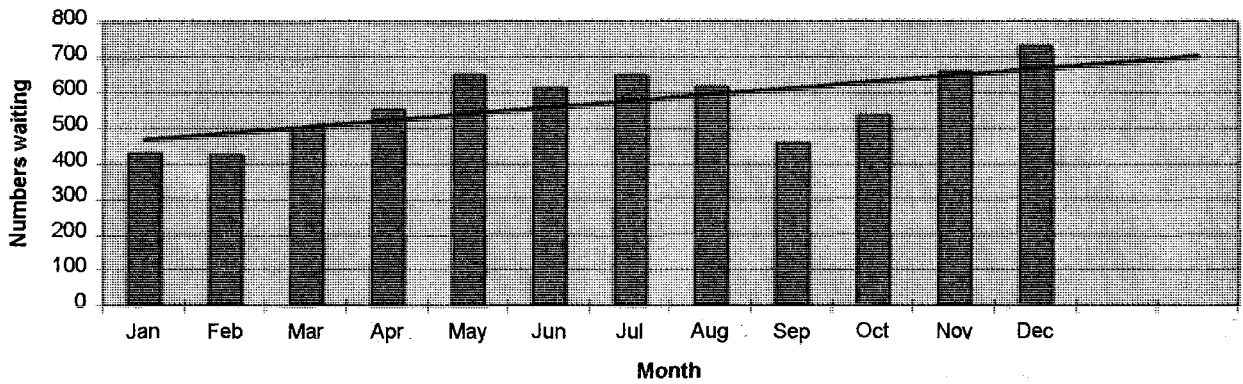
Waiting times

Continued increase in average waiting times with the trend still on the up. Key pressure points are currently Cosham HC (22 wks), Dunsbury Way (14 wks), Havant (20 wks), Paulsgrove (22 wks) and specialist biomechanics (18 wks).

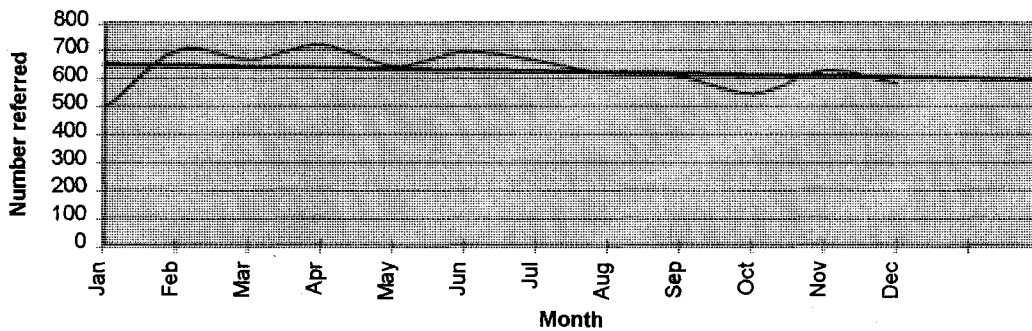
Average waiting time for initial appointment.



Graph of number of patients waiting by month.



Graph showing number of new referrals per month.



Clinical Effectiveness

Diabetes Baseline Assessment audit completed and action plan approved. Well received, report will be written up for publication as a follow up to previous articles on the Baseline Assessment Tool.

Biomechanics research on low dye taping published in America.

Multidisciplinary study day on Diabetic Wound Care with Trust Tissue Viability Nurses and specialists.

Guidelines on diabetic wound care being produced by team.

Nail surgery audit ongoing

User / Carer initiatives

Work with nursing and residential home regarding foot care input and training.

Patient Charter

Patients waiting over half an hour at appointment.

Over 30% of patients are waiting in excess of half an hour (some over an hour) at the specialist diabetes centre clinic. Clinics are routinely double booked and an increasing volume of urgent hospital referrals and requests for telephone advice by primary care extends clinics. Over the year the service has had a 4X increase in referrals and now only sees patients with severe ulceration or intractable diabetic neuropathic pain.

Action: Waiting list monies have allowed clinics to be doubled but this has not kept up with referrals.

Clinical Governance approach

Leadership study day for specialists and co-ordinators.

Clinical governance reference group in Podiatry

Joint approach to CPD, audit and research agreed with trusts in the central regional patch.

4. WORKLOAD ACTIVITY

Dental

The Personal Dental Service has successfully recruited the full complement of dentists. The work however will not be traditional Community Dental Service activity and standards relating to the numbers of patients treated per session have yet to be devised.

Health Promotion

Activity levels are getting back to normal (see Human Resources).

Community Nursing

School Nursing - By 8 January 2001 we will have a full complement of staff. The new staff are currently undergoing training and should be able to work alone by February half term.

The Health Promotion Nurses anticipate the start of their pilot for drop in sessions at Bridgemary Secondary School. We are looking to funding from the teenage strategy group to help with some of the start up costs. If successful this pilot will be easy to transfer to other secondary schools.

District Nursing - Fareham

Staff working in the Western Wards still frequently encounter major traffic problems when crossing the M27 to visit patients in Whiteley.

While planning the visits to avoid peak times can reduce the impact of this problem, this is not always possible. For example one patient requires visits 3 times a day to manage medication and one of these visits has to be first thing in the morning. While this problem cannot be resolved, it need to be acknowledged in planning the work force.

District Nursing - Gosport

Sickness levels remain a concern and pressure on staff especially at main holiday times.

4 sisters and 2 staff nurses off sick.

Health Visiting - Gosport

Overload of transfer in activity for one health visitor following the closure of GP lists throughout the rest of Gosport.

2 Health Visitors completed nurse prescribing course.

Health Visiting - Fareham

Sickness

Long term sickness in one practice of a full time HV has put added pressure on team.

Plan

To move permanent HV onto that caseload to give more continuity of care for clients and support other HV, discussion with GP practice.

Bank HV to move to created vacancy and extra hours to be given to HV there.

Admin & Clerical

Increasing demands on health centre reception teams in support of Podiatry in particular is a cause for concern in both Fareham and Gosport.

Staff sickness in Health Promotion continues to be a pressure.

Staff Grievance:

A recent staff grievance concerning apparent inconsistencies in post gradings with similar job descriptions resulted in a submission to the Grading Panel which subsequently found that the posts in question were appropriately graded.

EMH

Fareham CPN team continue to cover Cosham and Paulsgrove. Current cases open to CPN is 43. CPN caseloads across Fareham and Gosport remain high (up to 90 in some cases). Case load management has been reviewed and as expected the teams were effectively managing their work.

Mulberry Ward, Redclyffe and Summervale continue to run at high occupancy.

Delayed discharges continue on Mulberry.

OT

The overall contract is showing a 6% shortfall. Error rates are improving but not perfect. Data pens have been issued to Haslar staff who are now beginning to pick up community work to enable this to be included in the contracted activity. The large number of junior staff appointed as part of the intermediate care development did require more supervision initially, which impacted on the activity of senior staff. This is now reducing as they become more confident.

Podiatry

4.3% over target. Likely to be approx. 7% by year end.

5. FINANCE

5.1 MARTIN GOULD

FAREHAM & GOSPORT DIVISION

Q3 Oct - Dec : 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	0
6F1160 F&G Divisional Reserve	229,049	220,170	96%	-	-220170	-149,353
6F1190 Contract Beds	154,148	115,605	75%	125,217	9612	11,569
6F1200 F&G Comm Enabling Service	-8,326	0	0%	-	0	0
6F2100 Premises	356,564	261,940	73%	269,330	7390	-2,187
6F2130 Health Promotion	261,708	193,468	74%	181,099	-12369	-7,007
6F2105 Podiatry	779,070	576,594	74%	613,172	36578	22,422
6F2110 Occupational Therapy	500,403	381,387	76%	427,192	45805	61,976
6F2115 Physiotherapy	1,738,750	1,276,547	73%	1,258,328	-18219	-49,750
6F2120 F&G Small Hospitals	4,885,044	3,660,728	75%	3,717,595	56867	31,327
6F2125 F&G EMH	2,600,104	1,917,018	74%	2,109,754	192736	242,669
6F2140 F&G Community Nursing	3,231,647	2,435,950	75%	2,425,850	-10100	-7,182
6FA130 Dental	1,729,806	1,236,669	71%	1,237,669	1000	0
6FA140 F&G Headquarters	218,061	165,114	76%	171,402	6288	-1,203
	16,676,028	12,441,190	75%	12,536,608	95,418	153281

Forecast Assumptions:

Funding received for Community Enabling Service, due in February, will meet actual costs.

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	Currently includes Trust support £100k, non pay inflation £15k, Canford Manor £9k, and expected funds £30K
6F1190 Contract Beds	Pressure to fill beds which become vacant
6F2100 Premises	Reduction in income, due to rate rebates last year, and subsequent lower charges this year Reviews of Clerical and Catering services planned.
6F2130 Health Promotion	
6F2105 Podiatry	Excess hours/Bank paid April-Dec is £32k. Currently 2wte Sen 2 vacancy Non Pay expenditure is also high, in particular Staff travel, Dressings/MSE/Patients Appliances
6F2110 Occupational Therapy	Dispute re £8,000 Social Service contribution for Discharge Tech service. Current recent increase in spend is being investigated and a meeting with Rosemary Salmond, Sue Freedman and John Belden is arranged. Feedback at Divisional Review meeting.
6F2115 Physiotherapy	Difficulty recruiting qualified staff Several new initiatives have commenced
6F2120 F&G Small Hospitals	The areas of concern/overspends are being reviewed, ie. Daedalus, Dryad, Sultan wards, GWMH Premises and STX Premises GWMH wards have increased their bed occupancy by 8% per ward in 2000/2001 Night staff review - GWM. New Bank and Agency monitoring forms.

Portsmouth Healthcare NHS Trust

6F2125	F&G EMH	Main cost pressure is Mulberry ward at £93k over at Dec 2000 - high staff sickness, agency/bank £49k, o/time £37K Redclyffe house and Summervale also have staff issues. Higher patient dependency Cost pressure - CPN cover of Paulsgrove and Cosham.
6F2140	F&G Community Nursing	Overspend due to Special School Nurse Grade E's regraded to Grade F's, back-dated and paid out this financial year. Vacancies within Child Protection
6FA130	Dental	Full year Orthodontics moving to PHT, but Variation Order now organised. Revenue expenditure is now being incurred re Personal Dental Service - Fareham, Sharland House funding received from Health Authority.
6FA140	F&G Headquarters	Medical Engineering expenditure is being reviewed, however will be a cost pressure in 2001/2002

FAREHAM & GOSPORT DIVISION

Q3 Oct - Dec : 2000 - 2001

Issues & Cost Pressures for Future Years

General	Narrative
	With the implementation of the Primary Care Trusts and the transfer of budget responsibilities the remaining services will not benefit from current underspending services such as Dental and Physiotherapy. Pressure on pay costs, due to difficulty recruiting qualified staff, resulting in appointments on higher incremental points and at times employing "available" supernumery staff. The sterilisation issues relating to Podiatry and Dental equipment.

FAREHAM & GOSPORT DIVISION

Q3 Oct - Dec : 2000 - 2001

Non-Recurring Programme:

Centre	Description	Annual Allocation	Spending to Date	Y/end Projection
	Podiatry	25,000	0	25,000
	Dental - allocation will be utilised on RA machine and hand pieces	25,000	0	25,000
	F&G General	10,000	7,040	10,000
	Ward Costs	26,000	0	26,000
	Note: The current outstanding list of required equipment still remains high.			
TOTAL		86,000	7,040	86,000

Portsmouth Healthcare NHS Trust

FAREHAM & GOSPORT DIVISION

Q3 Oct - Dec : 2000 - 2001

Capital Expenditure:

Centre	Description	Annual Allocation	Spending to Date	Y/end Projection
		0	0	0
		0	0	0
	TOTAL	0	0	0

Charitable Fund Expenditure:

Cost Centre	Fund Name	Balance 1/4/00	Current Balance 31/12/00	Target Balance	Still to be Spent
C71024	Gosport WMH General	25,400	10,043	12,700	0
C71026	Gosport WMH Patients (see Note 1)	8,519	27,414	4,260	23154
C71052	Podiatry General	10,817	11,482	5,409	6073
	TOTAL	44,736	48,939	22,369	29,227

Notes:

1 The current balance has increased as the League of Friends paid in £14000 for equipment, which will be purchased this financial year

5.2 CURRENT FINANCIAL ISSUES

Community Nursing

District Nursing - Gosport

Flu vac campaign organised cost effectively.

Dental

Additional money has been allocated to the Personal Dental Service this financial year. This is being used to ensure the reported start date of the service as April 1st 2001, is honoured.

EMH

Continued pressure on inpatient budgets mainly bank and agency use. Bank/Agency operational policy adhered to. See Nursing Review. EMH Divisional Review.

Podiatry

Overspend has slowed with some income from Southampton University and Intermediate Care funding. Sickness cover has also reduced. Problems with the orthotics supply have caused an extra large spend on orthotics this quarter.

OT

Discharge Technician Service:

The activity associated with this service continues to increase, with the associated cost pressure. Funding from Portsmouth City Community Rehab. Team has proved illusive, despite several efforts to reclaim it.

Opportunistic Recruitment:

Part of the success of the implementation of Phase one of our integration model has been ensured by our ability to pre-empt developments and recruit in a timely way. This has reduced advertising and locum costs but has involved placing the budget at risk. This should be removed over time.

The fact that OT budgets are in a number of services has further exacerbated this problem and led to the District Budget carrying most of this risk.

6. HUMAN RESOURCES

6.1 HUMAN RESOURCE STATISTICS

COMMUNITY HOSPITALS
FAREHAM & GOSPORT REVIEW

THIRD QUARTER

2000/2001 CONTRACT GROUP REVIEW

HUMAN RESOURCE INFORMATION

Prepared by: Personnel Services, The Potteries

HUMAN RESOURCE INFORMATION**ST. CHRISTOPHER'S HOSPITAL**
GOSPORT WAR MEMORIAL HOSPITAL
PHYSIOTHERAPY
OCCUPATIONAL THERAPY
HEALTH PROMOTION
DENTAL
FAREHAM/GOSPORT HEALTH CENTRES**NOTE**

these tables exclude:

- AMH and Child Health Occupational Therapists, as these are reported in the relevant contract groups
- EMH wards and community staff

It does include EMH Physiotherapy and Occupational Therapy

It includes District Nurses and Health Visitors for Fareham and Gosport.

This report contains three performance indicators:

Table 1	Staff in Post
Table 2	Reasons for Leaving
Table 3	Absence

The data is collected differently this quarter and this may account for apparent anomalies.

**Table 1 Staff in Post by WTE (whole time equivalents)
current quarter shown in bold**

Staff in Post	Qtr 1 00/01	Qtr 2 00/01	Qtr 3 00/01	Qtr 3 99/00
Qualified Nurses	72.7	134.7	137.3	72.4
Learners			3.0	
Support Workers	129.8	126.2	127.6	106.2
Professions Allied to Medicine	97.2	96.2	99.2	119.5
Technical & Scientific	42.2	43.0	48.5	41.1
Managers, Admin. Ancillary	91.0	127.0	124.5	110.2
Doctors & Dentists	15.2	14.9	16.5	13.4
Total	448.1	542.0	556.6	462.8

- Dental Department have been successful in the recruitment of Dental Officers both for the Community Dental Service and the the new service, the Personal Dental Service. Arrangements are in place for recruiting all remaining categories of staff over the next two months to enable this service to commence in April 2001.
- The Health Promotion service have two Senior Health Promotion Specialists employed on short term temporary contracts to cover secondments and long term sickness.
- The number of Qualified Nurses and Support Workers is considerably higher than the 3rd quarter last year due to Intermediate care and its growth in establishment and the inclusion in the review of Health Visitors and District Nurses for Fareham and Gosport.

Table 2 Reasons for leaving

	Reason for leaving	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Controllable	Retirement	1	6	3	
	Dismissal			1	
	End of contract		1		
	Transfer of post			1	
Involuntary	Early/Ill Health Retirement	2	1	2	
	Death				
	Medical dismissal	1			
Uncontrollable	Career development	1	9	3	

	Training				
	Dissatisfaction	1			
	Personal reasons	1	5	2	
Unknown Reason				1	
Total		7	22	13	

4 Exit Questionnaires were received - one agreed to an exit interview.

1. HCSW transferred to Portsmouth Hospitals Trust with no reasons for dissatisfaction.
2. HCSW retiring with concerns that activities are not seen as an integral part of patient care and often clash with the therapy activities; concerns also about the state the gardens are in despite a magnificent effort by volunteers to set up for the patients.
3. Podiatrist moving for promotion to a post with less demands than the post in our Trust.
4. An OT moving to Social Services because of stress due to the new work being introduced without the planning for extra hours to cope with this. The post has been advertised subsequently from a part time post to a full time post.

Table 3 Absences %

Month	F&G	Trust
April	4.0	5.2
May	4.6	5.4
June	4.6	5.9
July	4.0	5.4
August	4.1	5.4
September	5.5	5.8
October	4.8	6.0
November	5.3	6.1
December	4.3	5.8
January		
February		
March		

COMMUNITY HOSPITALS

HAVANT, PETERSFIELD and EMSWORTH

THIRD QUARTER

2000 / 20001 CONTRACT GROUP REVIEW

HUMAN RESOURCE INFORMATION

Prepared by: Personnel Services, The Potteries

This report contains three performance indicators:

- Table 1 Staff in Post**
- Table 2 Reasons for Leaving**
- Table 3 Sickness Absence**

The data does not include therapies or elderly mental health, as they appear in their own Contract review

There are some errors in the data as some qualified staff nurses have been included which are also reported on in other Contract groups (e.g Health Visitors). Efforts are being made to overcome this.

Table 1 Staff in Post by wte (whole-time equivalents)

Staff in Post	Qtr 3 00/01	Qtr 2 00 / 01	Qtr 1 00 / 01	Qtr 3 99/00
Qualified Nurses	50.9	45.3	49.2	37.9
HCSW	41.4	41.8	44.5	35.2
Technical & Scientific	2.1	2.1	2.8	0.0
Managers, Admin. & Ancillary	38.1	36.6	29.7	29.3
Doctors & Dentists	0.0	0.0	1.6	0.0
Total	132.5	125.8	127.8	102.4

The increase in staff is due to a change in skill mix and the start of Intermediate Care recruitment (also expected to increase in the next quarter).

Table 2 Reasons for leaving

	Reason for leaving	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Controllable	Retirement	1			
	Dismissal				
	End of contract				
	Transfer of post				
Involuntary	Early/Ill Health Retirement		1		
	Death				
	Medical dismissal		1		
Uncontrollable	Career development	2	1	2	
	Training			1	
	Dissatisfaction		3	1	
	Personal reasons		1	2	
Unknown Reason					
Total		3	7	6	

This table does not include Bank staff.

The dissatisfied leaver, a catering assistant, left after one day in post.

Table 3 % Sickness Absences

Month		Trust
April	3.8	5.2
May	3.8	5.4
June	4.9	5.9
July	5.2	5.4
August	3.2	5.4
September	4.2	5.8
October	4.4	6.0
November	4.3	6.1
December	4.6	5.8
January		
February		
March		

Absence continues to be below
the Trust average

6.2 HUMAN RESOURCE SERVICE ISSUES

Community Hospitals

Difficulties experienced in recruiting additional staff for the implementation of Intermediate Care have continued. This has led to negotiation around the ability to manage all the beds on both Shannon and Daedalus. Recent recruitment drives during December and January have resulted in the majority of vacancies being filled. Both areas have been able to raise the number of declared beds during January due to this improvement. Unfortunately, the night vacancies are causing concern and remain unfilled.

Extensive practical training is being undertaken by staff to ensure competency in the areas of practice that have been identified as a result of skills analysis following the intermediate care development. AED training for the majority of staff is now complete. Staff attended the ALERT training days at QAH and the training days for the trainers has been identified with the objective of spreading the training days to the remaining staff during February and March 2001. ECG, cannulation and the management of intravenous therapy is ongoing. Despite difficulties with vacancies staff have worked hard to meet the demands of the training and benefits are being identified.

Dental

Although dental officer recruitment has improved - nursing cover has become difficult with sickness and leave. Two new members of staff have recently been appointed which will help alleviate this problem.

Health Promotion

0.4 WTE and 1 WTE Health Promotion Specialists still absent (long term sick).

0.4 WTE Health Promotion Specialist has been employed on a temporary basis, to cover sick leave, until April 2001.

1 WTE Health Promotion Specialist has been employed on a temporary basis, to cover a secondment, until June 2001.

Community Nursing

District Nursing - Gosport

Bank staff recruited for flu vac campaign. Lack of bank during school holidays to cover sickness.

Health Visiting - Gosport

0.5 Health visitor vacancy now filled.

Long term ill-health 1 WTE health visitor.

Physiotherapy

Staffing pressures especially at acute sites.
New juniors now settled in.
On call at acute sites causes pressure.

Podiatry

Intermediate Care posts all filled and started on 1st Nov 2000 - 2.1 wte
Waiting list initiative posts filled and commenced 1st November - 1 wte
2 leavers (one dismissed)
Specialist diabetes post not possible to attract staff of appropriate quality at the grade.
Alternative structure currently being put in place.

Drain on bank staff as permanent posts are appointed.

7. OPERATIONAL ISSUES

7.1 Community Hospitals

The upgrading work at St Christopher's in relation to the Intermediate care development is now complete. The replacement fire escape work is underway and due for completion 26th January 2001. The external single storey walkway will commence following completion of the fire escape.

GWMH

There have been several developments of new and additional clinics within the Outpatient Department and in addition building work is due to commence 29th January 2001 on the ground floor to make space for the Assertive Outreach Team.

7.2 Dental

The Personal Dental Service plans are progressing on schedule but the timescale is very tight. The data collection for the service will be similar to that currently in use by the Isle of Wight Personal Dental Service in recognition of the Health Authority merger on 1st April 2001.

7.3 Health Promotion

It has been confirmed that the Health Promotion Service will be devolved to PCG/Ts. However, Health Promotion Specialists will be expected, as part of their job remit, to maintain links with colleagues in other localities, Hampshire and the S E Region.

All members of staff are aware of how they will be affected by the changes. Staff are already liaising closely with the relevant personnel in their new locality. Discussions are continuing with the Health Authority and PCGs to finalise arrangements and configuration.

Community Nursing

Health Visiting - Fareham

Child Health Clinic / GP Premises - Health Visitors reviewed Child Health Clinic as they were getting complaints about waiting times, noise and disruption to other users of practice.

Appointment System devised and facility to have baby weighed without an appointment being required.

Initial comments very favourable.

- Reduced waiting times
- Reduced noise levels
- more comfortable area for parents and young children to wait, separate from main waiting room.

- Disruption to other users much reduced.

Plan to evaluate more formally in 3 months.

Whitely HVs reviewing their Child Health Clinics - Exploring additional alternative venues,

Satisfaction/suggestion survey to clients.

Health Centre 'open' Child Health Clinic - Clients now waiting in main waiting area rather than clinic room.

- Enter room in number order.
- Initial comments positive.
- Reduced noise
- More privacy for clients

Disadvantage less flexibility.

Continence Supply 'Sample' Box - Used By HVs when undecided on product suitability/ availability for their clients.

Post Natal Support Groups - Evaluation

- Very positive
- Opportunity to discuss questions when, without the group they would not have bothered.
- Good relationship with HV and CNN.
- Appreciated the opportunity to meet other Mothers and share information.
- Popular sessions - weaning, dental health, baby massage.

Suggestions from evaluation forms

- More sessions
- Longer sessions
- Evening session for Fathers

District Nursing Fareham

One nurse in each team has now been trained to use the Propulse (electric) ear syringing equipment.

The leg ulcer resource nurse continues to develop the leg ulcer service across Fareham & Gosport. The leg ulcer clinic in Gosport should commence in January 01.

The Community Enabling Service is still a relatively new service, but one Fareham DN team has already worked closely with the service to provide optimum care to patient with specific needs.

School Nursing - Review of changing work patterns for mainstream school nurses following on from the Paediatric Review and the inclusion of special needs children.

District Nursing - Gosport

Some changes to staffing and service agreements for the Anderson, Collins, Lloyd practices may be necessary as a result of a practice moving.

Health Centres

Ongoing review of GP accommodation at Fareham Health Centre - Awaiting a response from Estates.

Provision of an additional treatment room at Portchester Health Centre - work expected to commence soon.

Conversion of Rooms 9 & 10 at Lee Health Centre into one room - work completed

7.4 EMH

Medical Staffing GWMH

Mulberry Ward is an acute, assessment unit located in GWMH and as such, can be described as 'standalone'. There are no resident medical staff out of hours. Physical problems are dealt with by the duty on call GP, psychiatric emergencies by the duty junior doctor based at The Meadows. There are no cover arrangements between the hours of 9 and 5.

The medical staff complement is:

6 clinical assistant sessions	Dr Munro
5 staff grade sessions	Vacancy
1 SHO from Solent rotation	

The current situation is that Dr Munro is on leave for the month of January and as we have been unable to recruit to the 5 staff grade sessions, we have a F/T locum covering both of these jobs. The SHO spends some clinical time with her supervisor Dr Mears in Fareham and as this is a training post, attends the MRCPsych alternate Thurs.

In terms of the vacancy, every attempt has been made to recruit to this without success. It is felt that part time staff grade posts are not attractive. This post has now been vacant for some 15 months.

The above is not sustainable in the longer term. Even with the 5 session staff grade in post there are periods of time when no doctor is available to the ward.

Given the above, Fiona Cameron and Dr Vicki Banks met with Dr Ian Reid to discuss the perceived problems and associated risks. It was agreed that these issues would be raised through the divisional review process and a proposal made to manage the perceived risk.

The proposal is to advertise a full-time staff grade post (VB confident that there is someone interested). This would mean funding another 5 sessions, in the short term only as Dr Munro anticipates retiring in the next 12 to 18 months. The additional cost is in the region of £25,000.

The perceived benefits of such an approach are

- Adequate medical cover for the ward enabling issues such as discussions with relatives to take place and adherence to the resuscitation policy (both of these issues create serious concern for the medical and nursing team).
- Continuity for patients, carers and staff.
- Increased flexibility in cover for annual leave etc.

7.5 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 of 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.