

PLS B/E 14/11/00.

# **PORTSMOUTH HEALTHCARE NHS TRUST**

## **DIVISIONAL REVIEW**

### **GOSPORT & FAREHAM DIVISION**

**15TH NOVEMBER 2000**



*Divisional Offices  
The Potteries*

TW/AW/LH/AD/JM/FC/Sally/Sone Brinn/MA.

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## **1.1 NOTES OF PREVIOUS MEETINGS/ACTIONS**

- **Clinical Audit**

Structure issues to be discussed at a locality management team meeting.

- **Waiting Times - Dentally Fit Patients**

Dentally fit children without special needs are referred to the General Dental Service after 2 recall appointments. However some GDP<sup>s</sup> refuse to take these children on and they return to the Community Dental Service.

- **Biomechanics**

These were temporary extra sessions whilst the podiatrist in question was not lecturing at Southampton University.

- **EMH Services - Nursing Review**

See Update.

## 1.2 KEY ISSUES FOR INFORMATION/DISCUSSION/ACTION

### 1.2.1 Community Hospitals

#### Gosport War Memorial Hospital Complaints

A review of five ongoing complaints relating to 3 different areas in Gosport War Memorial Hospital suggest some emerging themes. These will be the subject of a meeting in November to discuss and agree actions.

*To discuss early Dec when Aimee returns + share themes etc hosp.*

### 1.2.2 Community Dental

#### Disposal of special waste

Work is underway to determine the cost of a contracted service for this. See 3.4.3.

*Warrantly non complaint,*

### 1.2.3 Podiatry

- £25,000 of non recurring has been applied to the most urgently required items. However there remains a list totalling approx £40,000.
- The service remains well over agreed activity levels and the year end outturn will be similar to that in previous years before the agreed activity reduction of 15% for this year (2000 - 01). Referrals to the service remain at the same level (approx. 1000 per month). These are now all seen in assessment clinics where the new agreed referral/access criteria are applied.  
The number discharged at assessment has risen to 15%.

Until the same criteria are applied to all patients currently on the books, it will not be possible to reduce the activity significantly. Discharging many of these patients will lead to complaints as there are few private podiatry facilities in the area and many of these patients have become 'dependent' even though they only have 'social' footcare needs.

Agreement is required by the whole health economy on the next stage of discharge as the support from Primary Care will be essential in this process. A classification of patient needs has grouped people into levels of risk. The service has designed discharge literature on self care to support patients who are discharged and preparing to provide community support if funding can be achieved for a Foot Health Trainer post.

*We to check outcome of commissions discussions  
↳ respond to Tony  
response to David's paper + more options*

**1.2.4 EMH**

**Bank/Agency**

This remains an issue which is having a significant impact on the Division. The planned nursing review is due to feedback in Jan 01.

**1.2.5 Community Nursing Local issues**

The Primary Care Investment plans for the Fareham and Gosport PCGs describe practices where recruitment of new GPs are imminent thus increasing the capacity of Practices to extend their patient list size this will have a serious impact on the attached nursing staff caseloads.

It was noted that in the Fareham PCG area 2 practices have already received approval to appoint 2 GPs and another three have expressed interest and are awaiting approval.

*Liaising with Fareham*

In the Gosport PCG area two practices have expressed interest to increase the number of GPs in their practice thus offering increased patient capacity.

The Community Nursing Service will need enhanced resources to respond to the needs of these specific practices.

**1.2.6 Blackbrook**

We have been informed that Blackbrook will re-open on 8th Jan 2001.

## 2 KEY GOVERNANCE INDICATORS (BY SERVICE)

2 KEY GOVERNANCE INDICATORS - Quarterly Divisional Review - COMMUNITY HOSPITALS

Topic	Start Date	Actions/responsibility	Target Date	Completion Date
<b>Assessed Risks</b>				
Lift between floors -Briarwood	5.7.00		5.8.00	Resolved 5.8.00
GWMH Taps	July 2000	Report received, priorities being set. Total funding for 84 sets of taps £23,016	Oct/Nov 2000	
<b>Complaints</b>				
Mrs R ~ Daedalus}	Aug 98	Police enquiry complete. Awaiting next stage.	?	
Mrs D ~ Dryad }	060100	Delay with independent lay chair and clinician, now resolved.	?	
Mr W ~ Dryad }	Nov 98	Awaiting response from Ombudsman.	?	

*Handwritten notes:*  
 - Max wife went to police to ask them to advise on change. CPS review.  
 ?  
 ? LM to contact Region.  
 ? No response yet.

## 2 KEY GOVERNANCE INDICATORS - Quarterly Divisional Review - DENTAL

Topic	Start Date	Actions/responsibility	Target Date	Completion Date
<b>Assessed Risks</b>				
Concern re bench top sterilisers	April Review	Results awaited from Trustwide work.	<i>? External audit of equipment commissioned - Look OK but standards = future problem</i>	
Special waste disposal outside regulations	September 2000	OHAG looking at authorised contractors. <b>Code A</b> involved. (See Risk Management)		

## 2 KEY GOVERNANCE INDICATORS - Quarterly Divisional Review - PODIATRY

Topic	Start Date	Actions/responsibility	Target Date	Completion Date
<b>Assessed Risks</b>				
Concern re bench top sterilisers	April Review	Results awaited from Trustwide work.		
Instrument quality	April Review	List of priority instruments. £25,000 to be purchased (see section 5)	October 2000	Oct/Nov 2000



### 3. CLINICAL GOVERNANCE INDICATORS

#### 3.1 COMPLAINTS

	COMPLAINTS	REVIEW
<b>Community Hospitals (A15)</b>		
<b>Formal</b>	<p><b>Code A</b> ~ 06/00 ~ Concerns re care of husband and lack of facilities.</p> <p><b>Code A</b> ~ 08/00 ~ Sultan Ward ~ Concerns re care for mother (now deceased). Investigation completed. Response sent 14.9.00. Complainant and sister remain dissatisfied. Further information requested from PHT. (see 1.2.1)</p> <p><b>Code A</b> ~ 06/00 ~ Re Mrs G ~ Dryad Ward.</p> <p>Complaint made by <b>Code A</b> whose father <b>Code A</b> was inpatient in EVCH (on first floor of building). <b>Code A</b> was agitated and confused, he had been missing for short time when his family visited. <b>Code A</b> had left via an unlocked Fire Door and fire escape. <b>Code A</b> had been taken to a HCSW shortly before leaving the building.</p>	<p>Response 1.8.00 - resolved.</p> <p>Response sent 22.8.00 (see 1.2.1.)</p> <p>During the next day, temporary alarms were fitted to the Fire Doors (discussed with Fire Safety Officer). Estates Department have been requested to fit permanent alarms as soon as possible.</p>
<b>Informal</b>	<p><b>Code A</b> regarding repeated cancellation of appointments. Apology given and situation resolved to complainants satisfaction.</p> <p>Two sets of relatives of patients on Rowan Ward had identified with problems with communications with nursing staff. In both instances, patients had been admitted under the pilot GP-bed scheme. Anxieties and concerns were expressed by relatives</p>	

	COMPLAINTS	REVIEW
	<p>that patients were waiting for nursing home placements and relatives were under the impression that patient was nearing the 14 day limit of their admission.</p> <p>No formal complaint was received by either set of relatives, situations were reported to Service Manager by Clinical Managers as possible complaints.</p> <p>Following discussion and reflection about the communications in these situations, nursing staff on the ward acknowledged that although documentation supported some information had been given to patients and relatives, the concerns of the relatives had not been acknowledged, nursing staff identified that the relatives probably did not feel "listened to".</p>	<p>Nursing staff have reviewed the quality of communications with relatives and adapted information given when patients are transferred, i.e. less emphasis on the 14 day/two week expected length of stay.</p>
EMH (A11)		
Informal	07/00 ~ Code A re loss of Code A's property.	Resolved.
District Nursing/ Health Visiting		
Informal	Code A ~ 08/00 ~ wrote to complain about receipt of standard letter for pre-school health check for daughter. Child stillborn.	Apologies offered. Recording systems reviewed.
Podiatry	<p>Code A - problems experienced in obtaining appointment.</p> <p>CHC ~ 08/00 ~ question re replacement equipment.</p>	<p>Apology given, resolved.</p> <p>Resolved (see Assessed Risks).</p>

	COMPLAINTS	REVIEW
<b>Dental</b>	<b>Code A</b> ~ 09/00 ~ Complaint re difficulty obtaining appointment for daughter.	Arrangement made to see daughter in conjunction with October orthodontic appointment. Resolved.
<b>Physiotherapy</b>		
<b>Informal</b>	<b>Code A</b> 07/00 Attitude of staff	Meeting between complainant and Martin Cowdry. Appears resolved.
<b>Formal</b>	<b>Code A</b> 06/00 Complaint re effect of treatment. Initial investigation and response 18/7. Complainant remains dissatisfied 28/7.	External investigation commissioned. Complainant interviewed by Margaret Meikle w/c 23/10.

**LETTERS OF THANKS AND DONATIONS**

<b>GOSPORT WAR MEMORIAL HOSPITAL</b>	<b>44</b>
<b>ST CHRISTOPHER'S HOSPITAL</b>	<b>15</b>
<b>COMMUNITY NURSING</b>	<b>2</b>
<b>HAVANT &amp; PETERSFIELD</b>	<b>18</b>
<b>THERAPIES</b>	<b>10</b>

### 3.2 CLINICAL GOVERNANCE ACTION PLANS

<b>DENTAL (A17)</b>	<ul style="list-style-type: none"><li>• The Inter-Trust Clinical Governance Workshop for Dental Clinicians has been arranged for Friday 17 November at Highcroft, Winchester.</li><li>• The Team Performance Review Tool is being piloted by the Havant/Petersfield area as to its application to Community Dentistry.</li></ul>
<b>PODIATRY (A20)</b>	<ul style="list-style-type: none"><li>• Essential governance systems such as supervision are failing to be implemented due to the demand of meeting patient expectations.</li></ul>
<b>OCCUPATIONAL THERAPY (A27)</b>	<ul style="list-style-type: none"><li>• Peer Review groups - the evaluation is now under way - initial reports are positive.</li><li>• Successful response from bids submitted to the Education Consortium - training days in the process of being organised.</li><li>• A part-time CPD/mentoring Co-ordinator has been appointed as a pilot scheme. She has particular responsibility for student clinical placements and the mentoring of the large number of junior staff that joined us this Autumn.</li><li>• The format for the Multi-disciplinary Post Reg. Development year is progressing and is due to start in January.</li></ul>
<b>HEALTH PROMOTION</b>	<ul style="list-style-type: none"><li>• Reflective practice group meets regularly.</li><li>• Standards are being reviewed to take into account evidence/research.</li></ul>

*Need  
post review  
discussions.  
+ need for  
review*

**COMMUNITY  
NURSING****District Nursing**

- Fareham and Gosport Clinical Governance Group focusing on developing clinical supervision across District Nursing.
- A clinical supervision steering group formed, facilitators trained.
- Standards being reviewed to become evidence based.

**Health Visiting**

- Clinical facilitators trained and clinical supervision groups emerging in Fareham and Gosport.

**School Nursing**

- Evidence based practice groups are being set up.
- Enuresis service specification on pathways of care to be launched in November.
- Enuresis flyer has been produced based on research evidence for school staff and parents.

**Health Centres - Admin & Clerical Staff**

- Reflective practice groups implemented across Fareham and Gosport for admin and clerical staff in health centres.

### 3.3 CLINICAL AUDIT REPORTS

<b>COMMUNITY HOSPITALS</b>	Bed rail audit in progress
<b>DENTAL</b>	All new audits have been agreed and work progressing well to completion.
<b>PHYSIOTHERAPY</b>	<p>The Physiotherapy Clinical Audit Group are working in collaboration with the Clinical Evidence Department, discussion new ideas and formulation worthwhile projects.</p> <p>The National Falls Audit has been published, no new action is required as any information from local results has been put into practice already. Goal setting audit progressing well.</p>
<b>COMMUNITY NURSING</b>	<p>The first assessment report on district nursing circulated to staff.</p> <p>Feedback and action plan to be developed during October/November.</p>
<b>EMH</b>	<p>3 small audit projects are being undertaken on Mulberry Ward/Community Teams.</p> <ol style="list-style-type: none"> <li>1. Repeat audit of drug prescription cards.</li> <li>2. Audit of compliance with Not for Resuscitation Policy</li> <li>3. Audit of use of piloted multi-disciplinary initial assessment tool as part of evaluation.</li> </ol>

**3.4 RISK ASSESSMENTS**

**3.4.1. RISK ASSESSMENT REPORTS**



**Fareham & Gosport Q2  
2000/2001  
Staff / Premises incidents by  
area and event type**

	Briarwood	Catering Dept	Cedar Ward	Daedalus	Dolphin Day	Dryad	Emsworth	Fareham HC	Gosport HC	Gosport War	Havant War	Laurel Day	Mulberry	Min Inj's	OT	Portchester HC	Poswillo	Phoenix Day	Potteries	Redclyffe Hse	Rosewood	Rowan	Shannon	Spruce	Sultan	Sylvan Clinic	Out Patients	Willows	TOTALS
Assault (actual-victim)				1																1	3							3	
Assault (threatened-victim)																						3				2			5
Assault (verbal abuse-victim)								1																					1
Back injury/pain																								1					1
Bite (animal/insect)																													1
Bullying/intimidation				1																									1
Bumped/Caught in/Struck by)	1															1						2						4	
Choking																													0
Equipment (causing injury)																													0
Equipment (failure)	1																												1
Fire (actual)																												1	1
Fire (false alarm)					1							1																	2
Flood																													0
Harrassment (non-sexual)																													0
Harrassment (racial)																													0
Harrassment (sexual)																													0
Hazardous exposure (chemical/electrical)								2							1														3
Infection risk (body fluids)																													0
Infection risk (clinical sharp)								1				1	1								1					1	1	4	
Infection risk- disease exposure				1																									1
Injury/pain onset - no causal activity																													0
Manual handling (object)										1										1		1	1					4	
Manual handling (person)																							1						1
Medical collapse																													0
Medication errors																													0
Other injury - non pt care related																													0
Pain (Complaint of)																													0
RTA																													0
Scald/Burn																								1					1
SCIP use																													0
Security (damaged property)																													0
Security (dangerous/illicit goods)																													0
Security (illegal entry attempt)										1																			1
Security (illegal entry)																													0
Security (intruder)									1																				1
Security (key/combination loss)										1																			1
Security (missing patient)																													0
Security (missing property <£1000)																	1		1										2
Security (missing property >£1000)																													0
Security (public disorder)																													0
Service failure (data protection)																													0
Service failure (utilities)																						1							1
Sharp - non-clinical																													0
Skin (damage to)																													0
Slip/trip/fall																	1											2	3
Staffing (medical)																													0
Staffing (nursing)				3	1	1			1																	1			7
Staffing (support)																													0
Unsafe practice conditions				1				1			1															3			5
	2	0	0	7	0	2	1	4	2	2	2	1	2	1	1	1	2	0	1	2	7	2	3	0	6	1	1	3	56

Fareham & Gosport Q2 2000/2001 Patient incidents by area and category;	Briarwood	Cedar Ward	Daedalus	Dolphin Day	Dryad	Emsworth	Fareham HC	Gosport War	Gosport HC	Havant War	Mulberry	Min Iny's Gosp	OPD (Pfield)	Phoenix Day	Physio	Poswillow	Redclyffe Hse	Rosewood	Rowan	Shannon	Sylvan Clinic	Sultan	Willows	TOTALS	
Abscndment (actual)						1				1													1	2	
Abscndment (attempted)											1													1	1
Assault (actual-assailant)											1													1	2
Assault (actual-victim)											1							1						1	2
Assault (threatened-assailant)												1													2
Assault (threatened-victim)													1												2
Assault (verbal abuse-assailant)																									0
Assault (verbal abuse-victim)																		1							1
Bite (animal/insect)																									0
Bullying/intimidation																									0
Bumped/Caught in/Struck by	1										2							1				2	1	7	
Choking																									0
Equipment (causing injury)						1																			1
Equipment (failure)																									0
Fall (found on floor)	8	8	18	5	3					2	30						6	5	8			10	13	118	
Fall (medical collapse-seen /reported)											1														1
Fall (seen-reported)	1		4	2						1	6				2	1	4	3	1			4	3	32	
Fall (slip/trip-seen/reported)			2	1							1						1			2		2		9	
Fire																									0
Flood																									0
Harrassment (non-sexual)																									0
Harrassment (sexual)																									0
Infection risk (clinical sharp)																									0
Infection risk disease exposure																		1							1
Manual handling (person)																									0
Medical collapse											1							1				1			3
Medication errors											1														1
Pain (Complaint of)																									0
Risk behaviour no injury																									0
RTA																									0
Scald/Burn																									0
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)											1														1
Security (missing property <£1000)										1															1
Self harm											1														1
Service failure (data protection)																									0
Service failure (utilities)																									0
Skin (damage to)											2						1					1	3	7	
Staffing (medical)												2													2
Staffing (nursing)																									0
Suicide																									0
Suicide attempt																									0
Treatment consequence																									0
Unexpected death																									0
<b>TOTALS</b>	<b>10</b>	<b>8</b>	<b>24</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>49</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>12</b>	<b>13</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>22</b>	<b>193</b>	

0 = same patient in each instance

## Fareham &amp; Gosport Q2 2000/2001

## Patients

## Staff/Premises

Totals	By severity;								Totals										
	n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical											
10		10							Briarwood		1	1							
0									Catering Dept										
8		8							Cedar Ward										
1		1							Cedarwood Day										
24		22		2					Daedalus		5		2						
0									Dolphin Day										
8		7		1					Dryad		2								
5		2			3				Emsworth	1									
0									FarehamHC		3							1	
0									Gosport HC	1			1						
0									Gosport War		3								
5		5							Havant War	1	1								
0									Laurel Day					1					
49		42		6				1	Mulberry										
3	2	1							Minor Injuries		1								
0									OT			1							
0									OPD				1						
0									Petersfield Hosp										
0									Phoenix Day										
2		2							Physio										
1	1								Poswillo		1		1						
0									Portchester HC										
0									Potteries		1								
12		12							Redclyffe Hse		1				1				
13		9	3					1	Rosewood		3	1	3						
9		8				1			Rowan		3								
0									St Christophers										
2		2							Shannon		2		1						
0									Spruce										
18	1	17							Sultan		6								
1	1								Sylvan Clinic				1						
22	2	20							Willows		3		1						
0									Xray GospWM										
193	7	168	3	9	3	1	0	2	TOTALS	3	36	3	11	1	1	0	1		56

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

#### **Fareham Health Centre**

Visitor found on floor at entrance. Said that automatic doors had closed on her knocking her from her chair. Premise manager unable to replicate doors closing on obstruction. Patient seen By Dr Bellenger.

#### **Mulberry Ward, Gosport War Memorial Hospital**

A member of staff sustained a wrist injury whilst working with a patient. Staff member remains on sick leave, occupational health involved. patient management reviewed - no issues.

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

#### Community Hospitals

##### Falls Group

This multi-disciplinary group chaired by Anne Stewart is working to:

- raise awareness
- monitor trends
- action plan
- contribute to Trustwide work.

*Need systematic review of risk issues  
 secure funding/assumed investment in hip protectors.  
 Suggestion to benchmark falls rate against national rates  
 x Solent etc.*

The group covers Community Hospitals Trustwide and is part of the Clinical Governance framework for Community Hospitals in relation to risk management.

#### Dental

- Disposal of special waste (mercury amalgam and spent amalgam capsules, radiograph developing fluids and partially used local anaesthetic cartridges) is not being dealt with according to current legislation. This matter has been discussed at a recent meeting of the Oral Health Advisory Group and it was decided that the services of an authorised contractor should be sought to ensure adequate storage and disposal of special waste.
- For General Dental practice this will most probably be organised through the Local Dental Community. For Community Dental Clinics urgent consideration should be given to engage the services of an external contractor minimising the risk to the trust.

#### Community Nursing

- Member of staff tripped at Lee-on- Solent Health Centre. Health Centre Manager made contact with Local Authority regarding the uneven pavement outside the health centre, this was immediately rectified.
- Blackbrook Maternity Home - concerns regarding disabled access - Estates have been asked to rectify this.
- Inappropriate and risky discharges during the last 3 months including patients being discharged with MRSA and the district nursing service not being informed on discharge. Issues taken up with Infection Control at St Mary's and directly with the wards that have discharged. Staff taking discharge information to be asked to specifically detail any infections the patients may be being discharged with.
- Hinton Hotel, Fareham, bed and breakfast for refugees and homeless, despite the fact that Fareham & Gosport Council will not use the accommodation this hotel is

being used by other councils and is not suitable for housing families causing risk to the staff attending the families in this hotel. Co-ordinator is making contact with local councils to see if the hotel accommodation can be reviewed. The local GP's also refuse to accept families staying in this hotel unless allocated by the FHSA. Thus many families are not receiving a service for a considerable length of time.

**Podiatry**

- There have been several risk events but none have registered on the database.

*Imp't  
G must have  
need to  
demonstrate  
care of need.*

### **3.5 WAITING TIMES**

#### **Dental**

- Two Dental Officers are currently engaged in part-time programmes of study leading to Postgraduate qualifications. One in the field of dentistry for patients with special needs and the other in the field of dentistry for children. This has reduced clinical time available with subsequent increase in waiting times.
- However two dental officers have recently been appointed, one as a vocational dental practitioner in the Havant/Petersfield area and one in the Fareham/Gosport area who will also be engaged in some research activity.
- The development of Dental Access Centres in the district will take most if not all of the safety net component of the Community Dental Service thus giving more time for recognised Community Dental Service patients and further reductions in waiting times.

#### **Physiotherapy**

- No patient waited more than 15 minutes for treatment.
- Consultant Waiting Lists continue to grow in some areas, mainly the two acute sites and Gosport War Memorial Hospital.
- Other waiting lists are dependant on the volume of referrals received from GP practices, in some cases long due to GP referral patterns.

#### **Podiatry**

The number of complaints regarding length of wait between appointments and difficulty accessing services has increased markedly this year. This level of complaints will continue to increase until the demand for services can be controlled. (See 1.2.5 above)

### 3.6 CLINICAL EFFECTIVENESS

*Can use PCC  
newsletters  
for messages  
A.N.S.*

#### Community Hospitals

#### Training and Development for nurses to meet Intermediate Care provision in Community Hospitals

Three Trustwide projects have been established, projects cover all GP beds, consultant-led beds in Community Hospitals, the newly established nurse-led, step-down beds in the City (Rembrandt Unit) and some training for staff at Gorseway Nursing Home, HI.

Priority areas identified for training as being areas where change of bed use is greatest, i.e. from continuing care to more acute rehabilitation (Cedar Ward at PCH, Shannon Ward at SCH and Daedalus Ward at GWMH). GP-bed staff to follow in second wave of training.

#### Review of Medical Emergency Response and use of Automated Defibrillators

Following Review, Automated Defibs will be introduced in all Community Hospitals. Initial training has been achieved for all priority areas and the Rembrandt Unit/Samuel Lodge by early November. Training for GP-bed staff anticipated from January 01. Response document currently in final draft. This identifies the sequence of action in the event of a medical emergency, including staff roles. When finalised, scenario training will help increase awareness of staff about the use of this equipment. (NB Training is for Basic Life Support + Automated Defibs - NOT Advanced Life Support).

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

Successful bid for funding to cover purchase of a Training Licence which includes Training for trainers and relevant audit and evaluation material from the Post Graduate School of Medicine at Gloucester House, QAH. There are two one-day training days for trainers, the plan is that the trainers will train other staff and colleagues (mix of trainers should be total of 24 nursing staff and 8 medical staff - nominations being collated at present).

Dates for trainers are 27th November or 11th December. Further training dates to follow. Target group for training are all qualified nursing staff and medical staff as nominated across all Community Hospitals and Elderly Services - priority groups as previously mentioned.

Rehabilitation Skills Update - including movement and rehab of person with CVA, dysphagia training, PEG feeding and associated assessment and approaches to care. Jane Williams, Senior Specialist Nurse from Elderly Services is leading this part of the project. Awareness session dates and update training dates have been arranged.


Acute Skills - includes ECGs, Phlebotomy, IVs with some cannulation training for key staff. Jo Odell, Practice Development Co-ordinator for H&P Community Hospitals is



leading this part of the project - pending appointment of new Senior Nurse postholder for Gosport & Fareham.

Aim of all initiatives is to establish an evidence-based, base-line competency for qualified nursing staff and address development needs of HCSWs.

### **Physiotherapy**

- The implementation of the Clinical Physiotherapy specialist in back care has resulted in a refined pathway for patients allowing quicker access to the necessary specialist in PHT. 
- The recruitment to a similar post for triage of patients with knee problems should ensure more appropriate intervention in a more timely manner.
- Work on profession specific Clinical Guidelines continues.
- The training and setting up of teams for the Intermediate Care/Community Enablement Service development is progressing well ensuring integration with existing staff.

### **Occupational Therapy**

- Phase One of the reconfiguration of OT services is now underway. The three locality teams are currently sorting out how they will deliver their service. The Acute Elderly Service has been the biggest challenge and we are still considering the best way to deliver this service in an effective and timely way. In general, morale is high but some parts of the service are finding the changes a challenge and we would ask colleagues to be particularly patient whilst we sort ourselves out.

### **Community Nursing**

#### **District Nursing**

- As a consequence of a bid to the PCG for money to increase the service for leg ulcers in the Gosport area a leg ulcer clinic will commence in the next month to provide an assessment clinic for patients who are mobile with leg ulcers, and a training base for District Nurses and Practice Nurses.
- Flu Vaccination - Fareham & Gosport District Nursing have been funded to provide flu vaccination for patients in nursing homes/rest homes and housebound. This commenced on Monday 9th October 2000 and will be running for the next four weeks. Practices responded favourably to our requests for information and vaccine.

## **Health Promotion**

- A Health Promotion paper was prepared for the PCG Chief Executives with proposed models of reconfiguring the Health Promotion Service in line with the Trust Status Applications of East Hants and Portsea PCGs.
- Meetings are taking place during October with each of the 3 Chief Executives to agree the phasing of and transfer of Health Promotion staff to the 2 Trusts.
- There has been a positive response from all 3 Chief Executives to the paper produced and for the continuing support of a District-wide Health Promotion Advisor for the service.

## **EMH**

- User Involvement Project Mulberry Ark Royal. Focus group with inpatients held to identify areas of importance to patients which are being developed into a questionnaire in liaison with clinical effectiveness department. To be completed in discharge.
- Internal decoration on Mulberry ward. Colour schemes based on evidence that orientation can be improved for people with dementia, e.g. all toilet doors yellow. Similar projects completed in some areas on Cedarwood/Summervale.

## **Community teams**

- MDT Initial Assessment pilot project now being evaluated.
- Younger People with Dementia resource pack developed following consultation with users and carers group. To be piloted once produced. User and Carer Forum continues. Joint social activities club with Alzheimer's Society established.
- Joint working with Social Services - (Based on forget-me-not, new NHS Modern and Dependable Recommendations)
- One ½ day workshop completed sub groups developed to look at
  - Day Hospitals
  - Joint Systems (team bases, funding etc.)
  - Continuing/respite care
  - Out of Hours Services

## **Dementia Forum (Multi-Agency)**

- Joint study day on dementia care run by health, Alzheimer's Society and Jackie Pool OT Consultant. Participants from EMH Fareham and Gosport, Social Services residential and day care. Sub Groups for carers, YPWD, Education and Summervale resource continue.

**Carers Initiatives**

- Alzheimer's Society Carers Group now well established at GWMH. New group for Memory Clinic attendees established in Cedarwood Day Hospital, Fareham.

**Redclyffe House**

- OT input established to work closely with Activity Co-ordinators.

#### 4. WORKLOAD ACTIVITY

##### Community Hospitals

##### Building works at HWMH

15 beds currently closed, unexpected delay in re-opening 7 beds as part of Phase 2 of works - planned to reopen 7 beds mid-Nov. All 23 beds will be ready for occupation for patients from 11th December 2000. Local GPs informed as soon as possible, staff redeployment to EVCH and PCH reviewed.

##### Physiotherapy

- Activity is on target. With the recruitment of 18 new post graduate staff the summer staff shortages are less of a problem.

*2008 = new  
5th 2/2*

##### Occupational Therapy

- Activity is on target and the error rate appears to be improving.

##### Dental

- Work has been started on producing a Service Specification for Community Dental Services where hopefully activity will be related to the type and difficulty of patient treated and not just patient contacts.

##### Community Nursing

##### Health Visiting

- Fareham and Gosport continue to have vacancies for health visitors.
- Fareham Health Visiting Team continues to have long-term sickness.
- There are predicted retirements in both Fareham and Gosport Health Visiting during 2001.

##### District Nursing

- Sickness levels in Gosport District Nursing Team continues to be a pressure on remaining staff.
- Closure of Minor Injuries, Gosport War Memorial Hospital did result in a GP practice insisting on check visits at weekends by District Nursing Service, this appears to have diminished in its demand.

**Admin & Clerical**

- Excessive staff sickness conflicting with annual leave requirement has pressured the Admin and Clerical staff both in health centres in Fareham and in Health Promotion.

**School Nursing**

- Workload pressures due to staff retiring and leaving. Four posts will be advertised imminently for school nursing in the Fareham and Gosport area.
- The meningitis campaign has had an effect on the bank available to the team.

**EMH**

- Inpatient units have been working at almost full occupancy throughout the whole quarter. There is a high number of beds blocked by clients awaiting Social Service input.
- CPN caseload review shows caseload as high at 90 per CPN. Minimal Review system already in place. Caseload Management ½ day Workshop planned to ensure effective strategies are in place. Referral and population figures are being reviewed.
- Cosham and Paulsgrove -High referral rate at present. 3 days CPN F Grade now in post. Consultant cover is difficult between two patches.
- 0.5 CPN role established as part of Community Enablement Service to work with Intermediate Care beds in Gosport and Fareham and Haslar Hospital.
- Community care packages have been delayed by allocation of Care Managers and Social Service financial constraints. This is increasing pressure on community teams.

**5. FINANCE**

**5.1 MARTIN GOULD**

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	121,703	96,552	79%	-	96552	-98000
6F1190 Contract Beds	154,148	77,070	50%	78,524	1454	3000
6F2100 Premises	356,614	180,937	51%	184,790	3853	8000
6F2130 Health Promotion	261,708	125,623	48%	119,310	-6313	-6000
6F2105 Podiatry	769,070	384,396	50%	405,152	20756	20000
6F2110 Occupational Therapy	491,892	250,549	51%	268,508	17959	10000
6F2115 Physiotherapy	1,729,750	853,074	49%	831,202	-21872	-25000
6F2120 F&G Small Hospitals	4,890,513	2,450,744	50%	2,477,281	26537	27000
6F2125 F&G EMH	2,587,294	1,266,621	49%	1,394,509	127888	206000
6F2140 F&G Community Nursing	3,230,480	1,611,654	50%	1,602,107	-9547	-10000
6FA130 Dental	1,728,656	855,628	49%	851,047	-4581	-8000
6FA140 F&G Headquarters	218,061	110,076	50%	114,508	4432	8000
	<b>16,539,889</b>	<b>8,262,924</b>	<b>50%</b>	<b>8,326,938</b>	<b>64,014</b>	<b>135000</b>

Forecast Assumptions:

Assumes any additional funding relating to Community rehab and Intermediate Care will be cost neutral

*Work underway  
to control  
at forecast levels.*

*185,000  
sox forecast  
but sox  
allocated by  
Trust to help.*

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 £50k, non pay inflation £15k, WTD holiday pay £16k, and expected funds £17k
6F1190 Contract Beds	Pressure to fill beds which become vacant Le Court inflation of 7% , The Maple No spend on "ad hoc"
6F2100 Premises	Reduction in income, due to rate rebates last year, and subsequent lower charges this year
6F2130 Health Promotion	Current underspend will stabilise as the main campaign expenditure is October to December.
6F2105 Podiatry	Excess hours/Bank paid April-Sept is £18k. Currently 1wte vacancy Non Pay expenditure is also high, in particular Staff travel, Stationery, and Dressings
6F2110 Occupational Therapy	Stroke monies due of £24000. Dispute re £8,000 Social Service contribution for Discharge Tech service.
6F2115 Physiotherapy	The current underspend caused by vacant basic grade posts will not continue due to the influx of new basic grade recruits in Sept Need to ensure that funding is received for the additional three juniors relating to Haslar
6F2120 F&G Small Hospitals	Work is being undertaken with the Managers in particular, Daedalus and Dryad wards, GWMH Premises and STX Catering



## Portsmouth Healthcare NHS Trust

6F2125	F&G EMH	Redclyffe House @ M6 overspend of £19k, whilst staff under-established use of £23k agency. Mulberry - staff sickness high, also more dependant patients, agency used, £66k overspent to date. S/vale is £35k over. 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.
6FA130	Dental	Full year Orthodontics moving to PHT, but Variation Order still not completed. Some revenue expenditure now being incurred re Personal Dental Service - Fareham. Sharland House. Capital £625k received but no revenue.
6FA140	F&G Headquarters	Medical Engineering spend exceeds budget by £3800 per quarter. Work with PHT and Charitable Funds on-going

FAREHAM &amp; GOSPORT DIVISION

Q2 Jul - Sept : 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 &amp; GOSPORT DIVISION

Q2 Jul - Sept : 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	0	10,000
	Ward Costs	26,000	0	26,000
	Note: The current outstanding list of required equipment still remains high.			
	<b>TOTAL</b>	<b>86,000</b>	<b>0</b>	<b>86,000</b>

## Portsmouth Healthcare NHS Trust

**FAREHAM & GOSPORT DIVISION**

Q2 Jul - Sept : 2000 - 2001

**Capital Expenditure:**

Centre	Description	Annual Allocation	Spending to Date	Yend Projection
		0	0	0
		0	0	0
	<b>TOTAL</b>	0	0	0

**Charitable Fund Expenditure:**

Cost Centre	Fund Name	Balance 1/4/00	Current Balance 30/09/00	Target Balance	Still to be Spent
C71024	Gosport WMH General	25,400	20,096	12,700	7396
C71026	Gosport WMH Patients	8,519	14,309	4,260	10049
C71052	Podiatry General	10,817	12,042	5,409	6633
	<b>TOTAL</b>	44,736	46,447	22,369	24,078

**Notes:**

# Portsmouth HealthCare Podiatry Service

## Equipment Tender October 2000 - CPL

Description	Catalogue Ref	Unit Cost excl VATas per catalogue	QTY	Total cost excl VAT
Berchtold S30	7008	895	8	7160
Waldman circular lamp	7012/w	277	6	1662
Scissors B/S 17.5 cm	BS175	13.7	100	1370
Scissors B/S 15.0 cm	BS150	11.47	100	1147
Instrument Brush	ICB	3.86	40	154
Concave nippers	WK166	24.95	100	2495
Tissue nippers	TS100	15.95	60	957
Tweezers fine point	TW100	3.9	100	390
Diamon Deb Foot Dressers	DD200	3.75	200	750
Backs file ordinary	BFO	5.6	100	560
Backs file xtra fine	BFF	5.6	60	336
Blacks file/probe	BFSP	6.75	100	675
Applicators - large	3051	3.99	30	119
Applicators - small	3050	3.95	30	118
Spatula small	SPS	5.20	100	520
Swan neck probe	SNP	5.95	100	595
Ruby burr	32060	4.65	100	465
Ruby burr	15050	5.06	100	506
Debris trays	FDT	24.15	32	773
Total excl VAT				20752
Total inc VAT				24384

## **5.2 CURRENT FINANCIAL ISSUES**

### **Physiotherapy**

The current position shows an underspend mainly due to the staff shortages over the summer months. This situation will continue to resolve with the increased staff in post.

### **Dental**

The purchase of Sharland House Fareham (hub of the Personal Dental Service) and capital equipping and IT supply related to this purchase will be subject to an EFL of £625,000 being made available to the Trust at the beginning of November.

Start-up costs for the Personal Dental Service will be made available to the Trust by the Health Authority to enable the employment of a Personal Dental Service Development Manager.

### **Podiatry**

This year has seen an unprecedented amount of bank and staff cover for sickness, maternity and suspension. This accounts for £18,500 of the current overspend of just over £20,000. It is possible that the rest of the year will see a reduction in the use of cover arrangements following the dismissal of one member of staff and others returning from long term absence. The current level of working and patient numbers is having a detrimental effect on staff with a far greater incidence of ill health and stress related illnesses.

The problems regarding the poor state of Podiatry premises and equipment has been recognised with the provision of £25,000 of non-recurring funding to purchase urgent replacement instruments and equipment. This initial tranche of non-recurring funding is gratefully received, however it does not even start to cover the premise and routine replacement issues that are burdening the service.

### **Community Nursing**

#### **Health Centres**

Significant savings achieved since July with the introduction of the low cost routing software to the telephone system at Fareham Health Centre (£100 in 2 months).

#### **School Nursing**

Regrading E - F. The arrears to this regrading will cost about £8,000 by 2000/01 year end. The recurring cost pressure is about £4,000 a year.

### **Community Children's Nursing**

The average monthly pay expenditure has increased this quarter to £8,500. This is the likely impact of an extra member of staff kept on the payroll in anticipation of injection of money for Portsea PCG which is now confirmed.

The project end year overspend is £34,000.

'LD budget is underspent - £17,843.

### **EMH**

Bank and agency costs remain high, reflecting already identified resource shortfall based on minimum safe staffing levels.

22½ hours CPN cover for Cosham and Paulsgrove not funded.

Total overspend for EMH Fareham and Gosport £127,000

### **Podiatry**

This year has seen an unprecedented amount of bank and staff cover for sickness, maternity and suspension. This accounts for £18,500 of the current overspend of just over £20,000. It is possible that the rest of the year will see a reduction in the use of cover arrangements following the dismissal of one member of staff and others returning from long term absence. The current level of working and patient numbers is having a detrimental effect on staff with a far greater incidence of ill health and stress related illnesses.

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### 5.3 ADDITIONAL FUNDING - SPENDING PLANS

The inpatient areas in F&G have identified the equipment/furniture they wish to purchase from their £2,600 allocation.

#### Mulberry, Ark Royal and Collingwood combined

Drug Trolley, Bristol Maid	£1353.60
2 seater settee	£ 800.00
7 armchairs	£2,800.00
<b>TOTAL</b>	<b><u>£4,953.00</u></b>

#### Redclyffe House

Hydrotilt Water Chairs x 2	<u>£2,468.00</u>
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#### Summervale House

3 seater settee and covers	£ 470.00
Buffet Unit	£ 249.00
TV aerial	£ 20.00
Tables	£ 39.00
Coffee Table	£ 39.00
Snooker Table	£ 139.00
Pool Balls	£ 19.00
Night Fall Support Pillow and case	£ 10.00
Easel	£ 100.00
Flip Chart	£ 79.00
Paintings	£ 200.00
Fan	£ 60.00
<b>TOTAL</b>	<b><u>£1,424.00</u></b>

#### St Christopher's

Rosewood	Overhead Hoist
Briarwood	Profiling Beds
Shannon	Curtains/chairs

#### GWMH

Sultan	Vital signs monitor
	Large television
Dryad	Pressure relieving equipment

**Daedalus**      **Linen Trolley x 3**  
**Occasional table**  
**Commodes x2**  
**Fridge/Freezer**  
**Bowling Game**  
**Digital Camera**  
**HP CD writer**  
**Loudspeaker extensions to hospital radio.**

**6. Human Resources**

**6.1 Human Resource Statistics**



**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

It does include EMH Physiotherapy and Occupational Therapy

This quarter 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)**

Staff in Post	Qtr 2 99/00	Qtr 1 00/01	Qtr 2 00/01
Qualified Nurses	70.8	72.7	134.7
Support Workers	110.8	129.8	126.2
Professions Allied to Medicine	116.6	97.2	96.2
Technical & Scientific	40.9	42.2	43.0
Managers, Admin. Ancillary	106.7	91.0	127.0
Doctors & Dentists	13.9	15.2	128.7
<b>Total</b>	<b>459.7</b>	<b>448.1</b>	<b>655.8</b>

*Transfer from  
City CMO nurses  
to PTC*

Posts that are difficult to recruit to are:

GWMH - qualified nurses nights

SCH all qualified nurses  
good calibre of HCSW and catering applicants  
specialist therapists

The recruitment of Dental Officers remains difficult. Only 1 Vocational Trainee was appointed this year. An action plan to ensure that we attract applicants will include holding interviews earlier in the year.

Recruitment for trained nurses remains difficult. At the end of the quarter there are 11.8 wte vacancies for qualified nurses. This includes the new demand for the intermediate care service.

20 Junior therapists have been recruited. However some of these went into rotations for other contract groups.

Some Technical and Scientific staff are now counted as support workers who work for Occupational and Physiotherapy, since transferring to the CEP package. This accounts for the discrepancy in the table.

**Table 2**      **Reasons for leaving**

	<b>Reason for leaving</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
<b>Controllable</b>	Retirement	1	6		
	Dismissal				
	End of contract		1		
	Transfer of post				
<b>Involuntary</b>	Early/Ill Health Retirement	2	1		
	Death				
	Medical dismissal	1			
<b>Uncontrollable</b>	Career development	1	9		
	Training				
	Dissatisfaction	1			
	Personal reasons	1	5		
<b>Unknown Reason</b>					
<b>Total</b>		<b>7</b>	<b>22</b>		

One of the Vocational Dental Practitioners left at the end of the temporary contract.

Two of the retired nurses are coming back to work with the Trust in specialist work

There were 4 exit questionnaires received this quarter.

#### **Clerical**

Dissatisfaction with: promotion prospects  
pressure of work  
repetitiveness of work

A reason for her early retirement was due to changes in the department causing an increase in workload. Since she has left the organisation of the work has changed again. The new postholder is working well.

Another leaver was satisfied with her work and left mainly for personal reasons.

Another leaver, although satisfied with the work, did find more suitable work to go to.

**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		
November		
December		
January		
February		
March		

The beginning of the quarter saw the continued high absence due to the 'flu outbreak from the end of the last quarter.

Huge advert.  
↓  
some interviews.  
↓  
F+G - 3 new applicants.

STAFF PROJECTION

Staffing Projection Registered Nurses							
Fareham / Gosport Community Hospitals							
staff shown in WTE							
	Oct	Nov	Dec	Jan	Feb	Mar	April
Establishment	74.2	80.4	80.4	80.4	80.4	80.4	80.4
In post b'fwd	70.4	69.6	68.9	68.2	67.5	66.9	66.2
increase (Oversea Nurses)							
Newly Qualified							
Other increase	2.1						
decrease	0.0	0.7	0.7	0.7	0.7	0.7	0.7
In post	69.6	68.9	68.2	67.5	66.9	66.2	65.5
variance +/-	-4.6	-11.5	-12.2	-12.9	-13.5	-14.2	-14.9
November's increase in establishment is due to funding the new intermediate care service							
absence	-4.87	-4.82	-4.78	-4.73	-4.68	-4.63	-4.59
variance +/-	-9.47	-16.32	-9.38	-17.59	-18.22	-18.84	-19.46
Leavers - none from the Trust							
Starters	EJ.Buckley 0.87						
	HL Murphy 0.53						
all staff groups absence 5.5%							
all staff groups maternity 1.5%							
Absence Maternity at 1.5% and absence at 5.5%							

**COMMUNITY HOSPITALS**

**HAVANT, PETERSFIELD and EMSWORTH**

**SECOND 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 2 00 / 01	Qtr 1 00 / 01	Qtr 2 99 / 00
Qualified Nurses	45.3	49.2	35.9
HCSW	41.8	44.5	33.2
Technical & Scientific	2.1	2.8	0.0
Managers, Admin. & Ancillary	36.6	29.7	28.6
Doctors & Dentists	0.0	1.6	0.0
<b>Total</b>	<b>125.8</b>	<b>127.8</b>	<b>97.7</b>

The data now includes the central administration, which was not shown before. This accounts for the increase in the 'Managers and Admin'.

Havant War Memorial has seen many changes. The Clinical Manager started during this quarter. The 'F' grade acted up as a 'G' grade and an 'E' grade acted up as an 'F' grade. During the building works staff have been redeployed to Emsworth.

There is continuing difficulty in recruiting to qualified nursing posts - at the end of the quarter there are 8.3 wte vacancies. This includes the new vacancies for the intermediate care service.

**Table 2**      **Reasons for leaving**

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

This table does not include Bank staff who leave.

One of the dissatisfied leavers met with managers and personnel. She received explanations for what she perceived as unfair treatment. However she remains unsatisfied.

Another dissatisfied leaver has left to work with an Agency. She was unsatisfied with communication. She has subsequently worked in the Hospital on the agency contract. All dissatisfied leavers were from Emsworth Hospital.

There have been many changes at Emsworth and Havant. The staff in post are working well and are adjusting positively to the changes.

**Table 3**    **% Sickness Absences**

<b>Month</b>		<b>Trust</b>
<b>April</b>	3.8	5.2
<b>May</b>	3.8	5.4
<b>June</b>	4.9	5.9
<b>July</b>	5.2	5.4
<b>August</b>	3.2	5.4
<b>September</b>	4.2	5.8
<b>October</b>		
<b>November</b>		
<b>December</b>		
<b>January</b>		
<b>February</b>		
<b>March</b>		

The absences continue to be below  
Trust average



## **6.2 SERVICE HUMAN RESOURCE ISSUES**

### **Community Hospitals**

There was a very poor response to the first advertisement. The H Grade was successfully appointed for GWMH. A further advertisement has been placed to which there has been a few informal enquiries. Closing date has not yet been reached but initial feelings are that the final response will be very similar to the first.

### **EMH**

Current qualified staff vacancy continuing care remains unfilled because of no applicants.

### **Dental**

There is a marked improvement in morale with the appointment of additional dental officers and the understanding that the Service will be maintained as a District-wide Service.

### **Physiotherapy**

A total of 18 new posts graduate staff were recruited this September. This has alleviated some of the staff shortages experienced throughout the Summer months. Three of these junior staff are recruited for Haslar Hospital.

The national drive for an increased rehabilitation agenda has resulted in an explosion of physiotherapy vacancies across the country. The recruitment of new staff to vacancies is more difficult than usual and is evidence of the national shortage of professional staff. The retention rate for all staff is high which ensures the continued high standard of care for patients. The majority of vacancies are at Senior 2 level and some locum staff are in place, particularly in the acute unit to manage this shortfall.

## 7. OPERATIONAL ISSUES

### Intermediate Care and Rehab

#### Fareham & Gosport

Geriatric rehabilitation beds St Christopher's Hospital - 24 Geriatric rehabilitation beds  
- Gosport War Memorial hospital Community Enabling Service.

Start date 1 November 2000. Services to be phased in slowly over winter months due to some recruitment difficulties for nurses and physiotherapists and ongoing training and development of nursing staff.

#### Upgrade of Premises

For the most part the work at St Christopher's is on line for completion with the exception of the external walkway. Various alternatives have been put forward and a final decision will be reached shortly. The staff should be congratulated on their willingness to adapt and continue to care for patients throughout the upgrading period.

#### Equipment

Whilst this has all been ordered, the delivery of new equipment has not been completed. The absence of some of the more critical equipment will affect the ability of the wards to manage the new case mix.

#### Havant & Petersfield

### SE Hants Intermediate Care Developments in Community Hospitals

Anticipated change of use of beds on Cedar Ward, currently has slow-stream rehabilitation and continuing care beds. Change of use of beds will be to 16 more acute rehabilitation + fast and slow-stream stroke beds. Plan is to phase in use of acute rehabilitation beds - 8 beds from 1st December.

Staff development and training in line with trust-wide initiatives mentioned later. Four qualified nurse posts (2xE, 2xD grade) to be advertised, when recruited successfully this will ensure minimum of two qualified nurses on each shift over 24 hours)

GP beds - Step-Down beds.

Current GP bed-fund pilot scheme on Rowan Ward at PCH (utilised during previous two Winters and ongoing throughout this year) will continue as Step-down scheme. Referral criteria as per Generic Transfer Document, this should ensure suitable patients accepted for care and rehabilitation. (and so avoid inappropriate referrals - some patients on bed-fund pilot scheme have been inappropriate and required nursing home placement not rehabilitation). No increase to nurse staffing anticipated at present. Development of 5 GP beds in Gorseway Nursing Home on Hayling Island will free up

beds at HWMH to have Step-Down patients. This may provide access to GP beds for practices who do not have this facility at present. A new Primary Nurse/Co-ordinator post for these beds has been established at F grade.

(no change of use at EVCH anticipated currently - there is a scheme established where local GP s provide time-limited continuing rehab / convalescent care for patients out of Emsworth area - often Portsmouth City patients - review may be required if these patients likely to be directed to newly established Step-down beds in the City)

#### **Bases for locality-based Rehabilitation Teams**

Bases are being established for two teams at PCH and EVCH, this has led to major review of use of rooms at both Hospitals and reprovisioning of office space and clinical areas.

The EMH nursing and PAMs currently based in the Portacabin, Parkway will move into the First Floor Flat at EVCH during December. This is viewed very positively by multi-professional rehab teams as well as the team concerned.

#### **Equipment**

Appropriate equipment (clinical, administrative and IT) has been ordered to support all of these schemes. Oversight was provision of rehabilitation area on Cedar Ward, estimates now being obtained for conversion of under-used bathroom on the ward and project group being set up to look at equipment required.

#### **Keeping Staff informed**

Staff have been kept informed by various Meetings and minutes of relevant other meetings being circulated. They have been involved in awaydays to shape the service and discussions around the change of use of rooms.

#### **Community Enabling Service**

Recruitment is nearly complete with most taking up their posts next month. Accommodation is on target and should be available for use from 1st December. The next month will see the protocols developed and the first patients to come through the schemes.

All Community Services including the Geriatricians and GPs have been involved in shaping the model of services, which are likely to be finally described using the care-pathway approach.

#### **GWMH Accommodation**

There continues to be requests for additional accommodation at GWMH as services develop. It is becoming increasingly difficult to provide space to meet all requests. In some instances, funding is required to alter present facilities. A small group has been established to identify all available areas within the hospital and manage these requests in a systematic manner.

### **Sylvan Relocation**

The first meeting has been held and present and potential users have been requested to submit their requirements to enable a detailed specification to be drawn up.

### **Health Promotion**

At present out of 8.5 whole time there are 3 staff on long-term sick leave. This is affecting the activity of the team.

### **Dental**

Although probably not sustainable in the long term, there are very clear advantages in keeping the Personal Dental Service (Dental Access) separate from the Community Dental Service. Since, at least for the next three years revenue funding for the Personal Dental Service will not be available to Primary Care Trusts, consideration will need to be given to financial management of the project.

### **Physiotherapy**

The reconfiguration of the physiotherapy services to PCG/T management is progressing well. The necessity for parts of the service to continue to be managed across the PCG boundaries has been recognised. Recruitment, junior staff, student liaison and training being an integral part of the whole service which would be disadvantaged if segregated. There are still concerns being expressed from staff, particularly on the acute sites, over the future role of the existing district wide services. All these areas of uncertainty are gradually being resolved.

Improved accommodation for the physiotherapy service at Waterlooville Health Centre has been agreed. The alteration in use of rooms will allow for improved patient facilities and space. Some building work needs to be completed before the final arrangements can take place.

### **Podiatry**

Looking forward to reconfiguration changes in April, Podiatry Services are developing a 'Managed Clinical Network' model of service management and development. Defining the exact form this will take is in the early stages and will be developed over the next few months.

Staff have been involved in the discussions and decision regarding the future of the service and are well informed about the current situation. Involving patients has been more difficult. A patients forum is being set up, however patients generally don't see the need for the changes.

## Community Nursing

### Health Centres

Doctor Anderson and Partners are giving notice that they will be leaving the Rowner Health Centre and amalgamating the two satellite practices into one practice at Gregson Avenue. A local doctor is taking over the Anderson Practice at Rowner Health Centre and following agreement from the LMC a meeting will take place between Portsmouth HealthCare Trust, Gosport PCG and the proposed doctor to look at facilities at Rowner Health Centre.

Lee-on-Solent Health Centre - Due to increasing population in Lee-on-Solent the single partner practice in Lee Health Centre would like to expand in order to pick up new patients registering in Lee-on-Solent. Estates are involved in a proposal to extend the facilities at Lee Health Centre. Discussions are in their early stages.

Fareham Health Centre - Due to increasing demand for space on GP practices in Fareham Health Centre a costing has been produced by Estates Department with a view to moving Community Health to the ground floor this proposal is being considered by the PCG and the practices. Discussions continue.

### Community Children's Nursing Service

The Children's Nursing Team have recently reviewed the numbers of new referrals for the first 6 months of the year 2000, i.e. 1 January - 30 June in order to respond to a proposal for an injection of monies for Portsmouth City children. Below are the new referrals by PCG area during that period:

Portsmouth PCG	77
Havant & Petersfield	31
Fareham & Gosport	45

The activity for the Children's Nursing Team is included in the health visiting statistics. The demand continues to increase on the small service and the children's nurses are unable to accept all referrals made to the team.

The team considered the following would improve the service that is being provided for Portsmouth City children and have made a proposal to Portsea PCG:

1. Daytime services - increase the team by 2 half-time nursery nurses to support the families who have complex health interventions.
2. To introduce a weekend service to children in the City within a set criteria - 2 half-time staff nurses and upgrade an F grade to support the weekend staff.
3. Provide an extra 5 nights of care for children in the City - at present these children are not provided with care by the Night Nursing Service.

Total cost for this extra provision would be £80,727.

The service is awaiting a decision from the Portsmouth PCG.

**Integration with Portsmouth Hospitals**

Portsmouth Hospitals are still very keen to integrate the Children's Nursing Service with their specialist Community Nursing Service, which they feel would improve the service provided to children in the community.

Discussions are still continuing to ensure that the dialogue does not hold up any steps towards integration that can be achieved without transferring of staff to the Portsmouth Hospitals.

**PORTSMOUTH HEALTHCARE NHS TRUST  
FAREHAM & GOSPORT DIVISION**

**CLINICAL RISK MANAGEMENT**

**1. What are the most important clinical risk issues facing your division?**

- Recording of CPR status in patients notes in Elderly Mental Health, associated with a lack of medical infra-structure in Fareham and Gosport.
- Serious complaints at Gosport War Memorial - The emerging themes are nutrition and hydration, staff attitudes and communications with carers.
- Intermediate Care Provision - This is a new type of service and, whilst significant training and development is taking place to address perceived educational need, the effect of this is untested.

**2. What action plans do you have to address these three?**

- The consultants regularly check the notes written by more junior staff. However, there is a time issue involved and the view of the lead consultant is that there is insufficient medical support to these wards.
- A meeting has been arranged for the end of November between nursing and medical staff to begin to think about actions which might be taken to address the concerns raised in the complaints mentioned.
- An increasingly well developed programme of training and development has been targeted at staff who will be working in intermediate care. The main problems associated with this are the number of staff to be put through the training and the methods of maintaining competence once training is complete. A Trustwide Training and Development Group for Community Hospitals will remain part of the Community Hospitals Clinical Governance framework.

**3. Do clinical risk issues feature in your division's audit programme?**

As yet this has been ad hoc and opportunistic. However, as the identification of clinical risk issues is improved this would appear to be appropriate means of identifying audit topics.