

Portsmouth HealthCare



NHS Trust

DIVISIONAL REVIEW

(APRIL - JUNE 2001)

GOSPORT & FAREHAM DIVISION

(Locality Services/Trustwide Services)

16th AUGUST 2001

INDEX:

Introduction

1. **Summary of Key Issues** *(White)*
 - 1.1 **Locality**
 - 1.2 **Trustwide Services**

2. **Clinical Governance** *(Yellow)*
 - 2.1 **Key Indicators**
 - 2.2 **Complaints/Letters of Thanks**
 - 2.3 **Risk Assessments/events**
 - 2.4 **Audit/Clinical Effectiveness**

3. **HR** *(Blue)*

4. **Finance** *(Cream)*
 - 4.1 **Martin Gould**
 - 4.2 **Current Financial Issues**

5. **Service Agreement Performance** *(Pink)*

6. **Supporting Papers**
 - 6.1 **Letter to Martin Dorey**
 - 6.2 **Health Promotion - ½ year report**
 - 6.3 **Podiatry Clinical Governance**

Introduction

This report covers both locality services for Fareham & Gosport (Virtual PCT Services) and Trust wide services which remain in Fareham & Gosport. These are Physical Disabilities, PHT acute inpatient physiotherapy and Occupational Therapy and EMH Nursing Services.

The summary makes a distinction between these two. However, there are Trust wide service issues in relation to complaints and risk incidents.

1.1 Locality Services - Key Issues

1.1.1 Podiatry

Reprofiling

- The reprofiling of podiatry caseload to ensure adequate resources are channelled to those people with medium to high clinical foot health risks is required. A current caseload assessment identified that up to 4,000 patients within the division would fall outside of this category.
- There is support in principle from a high level cross organisational group to manage this, but it does require that a number of support mechanisms/networks be established as part of the process.
- Proposals to resource an assessment/discharge team for one year and a substantive foot health educator post are currently being considered by all three commissioning organisations.
- The service is failing to cope with a demand currently averaging 300 referrals in the division per month, with waiting lists closing to all but high priority.
- The associated issues are increased waiting times and lists, reduced quality with increased clinical risk and complaints, reduced staff morale and associated retention and recruitment issues. All involved realise that the service is at a threshold and support from all areas is required to provide the opportunity for an effective outcome.
- The impact of current pressures within the system and the major difficulties in patients accessing the service is being borne in particular by front line Community Reception staff. This has caused many complaints within the division from Health Centre managers to provide clarity and support for their teams who are facing daily abuse from patients.
- There has been a reprofiling /skillmixing of podiatry services to ensure that appropriate skills and responsibilities are available to meet the increased casemix. Expensive national advertising has failed to produce an adequate return.
- The increased demand for all specialist services is significant month on month particularly Biomechanics, Paediatrics, Diabetes and Rheumatology. The nail surgery team can only operate on acutely infected toes and no prophylactic work can be considered. There is increased interest in developing neuropathic and vascular screening of at risk limbs, orthopaedic triage and podiatric surgery as some of the commissioning options to address secondary care waiting lists.
- A lack of administration/reception support exposes many podiatrists and the clinical specialists in particular. Specialist services in secondary care are hardest hit taking calls from patients during clinics, making appointments, sending out appointment

letters and typing own letters to GP's and Consultants. These clinicians are generally the most senior within the service with other management responsibilities.

- The implementation of Podiatry Network has been difficult and resulted in a huge change management process within a small, specialist service that has been divided between three organisations. There have been many administrative teething problems and in consequence, additional management overheads and pressures.

Clinical Governance Update - attached at 6.3

1.1.2 Community Hospitals

- **Overseas Nurses**

Both cohorts are progressing extremely well. It is anticipated that all 9 nurses will have completed their competencies and be eligible for registration at the end of July, early August. Unfortunately, due to a health problem, one of the nurses has had to return home.

- **Complaints at GWMH**

Despite some recent progress, morale continues to be affected by ongoing investigations. Everything possible is being done to support staff.

- **Medical Records X Ray Storage**

As a result of the recent enquiries, a halt was called on the culling of medical notes and X-rays. This is now beginning to cause a storage problem. PHT policy in relation to X-ray destruction is that they destroy after 5 years unless the X-rays are children, oncology. The view from PHT is that if we do not wish to have our X-rays destroyed then there will be a storage issue that we will have to manage. There is also concern within GWMH medical records department that due to the halt on microfiling, the storage space is becoming very congested and similar problems will follow.

- **Better Food in Hospitals**

Staff attended a seminar in London to identify the key issues relating to Gosport and Fareham. Both catering supervisors involved in identifying the key issues required to enable implementation according to the time scales required.

1.1.3 Child & Family Therapy Accommodation

- The overriding issue for Child & Family Therapy in Fareham and Gosport is its lack of space at Osborn Clinic.
- In January this year Peter Tierney, Paula Turvey visited Osborn Clinic, Child & Family Therapy, and discussed suggested changes to the premise that might improve the amount of space available to the 20 team members. During the last

year we have had an increase of 3 staff who all have clinical requirements to see patients on the premises plus a requirement for office space. The proposal that Peter Tierney costed for Child & Family Therapy had a costing of £38,000. The specialist full time registrar based at Osborn Clinic has a desk in the public waiting room as there is no space. There are 3 offices with 5 people based in them and the consultation rooms are inadequate to provide space for the team.

- It is unlikely that the refurbishment for Adult Mental Health on the ground and middle floor will release any space unless the £38,000 can be found. This will relocate the Adult Mental Health files which at the moment take up a room on the top floor.

1.1.4 PCT Development

- Public consultation has commenced on 5th July for 3 months until 5th October 2001. Two public meetings are to be held on 3rd and 4th September, led by the Health Authority. In addition, 4 meetings (2 in Fareham, 2 in Gosport) have been arranged to enable staff to hear about proposals first hand and ask questions. These will take place in July, August and September.

1.1.5 Activity

- There are significant issues with reported initial contacts across many services. Managers are working with staff to ensure regular downloading of activity. Specific problem areas are being tackled by managers with information services staff. (See 5.2).

1.1.6 District Nursing & Health Visiting

• District Nursing - Gosport

The ongoing practice/GP changes are causing large population shifts which are affecting the workloads and a staffing review will be necessary.

• District Nursing - Fareham

Changes in practice populations will impact on District Nursing services - The Bellenger practice is expecting an increase in its population as it has increased its GP hours. The Locks Road Practice is expecting to expand the Whiteley part of the practice.

1.1.7 Premises

- **Fareham Health Centre**

Community and GP accommodation feasibility study - progressing.

- **Lee-on-Solent Health Centre**

Extension scheme - progressing. Construction work expected to commence February 2003.

1.2 Trust Wide Services

1.2.1 Haslar

The integration of Haslar physio and OT staff which took place on 1st May 2001 has been without incident. However, there are a number of issues arising from the Haslar integration with PHT affecting PHCT.

- A number of new cost pressures can be identified where OPD clinics commissioned directly from PHCT by Haslar, now become part of the PHT SLA - funding for these is reduced.
- There is as yet, no clear picture as to whether the funding, activity and establishments of Physiotherapy and Occupational Therapy Services are agreed by all concerned. Work undertaken by physio for acute inpatients and F&G OPD physio show an accurate establishment against activity and an over establishment against activity respectively. In both cases, funding does not meet established levels.
- All medical beds on the Haslar site are to close from 1.8.01. The impact of this is that there will be no medical physio provision left on the Haslar site. To date, a service has been provided to C3 intermediate care ward by these physios and this will cease on 1.8.01. There may be limited cover from the Orthopaedic Physiotherapy Service, however there will be a loss of medical physio expertise. We are currently in discussions with PHT as this work is in addition to that which forms the basis of the Haslar financial transfer. (See Letter at 6.1).

In addition, concern has been expressed by Dr Lord that closure of the medical take at Haslar could have the following implications:

- increase in OPD referrals at GWMH
- increase in Day Hospital referrals
- increase in admissions out of hours where peripheral beds available.

1.2.2 Health Promotion

Half year report Oct 2000 - Mar 2001 attached at 6.2. This service is now devolved to PCG/PCTs. However, some district wide work will continue.

1.2.3 Elderly Mental Health

• Staffing Crisis

Contingency arrangements have been put in place Trust wide and a number of temporary contracts have been instigated to support areas while recruitment takes place.

- **EMH Inpatient Nursing Review**

A project group has been set up to steer the recommendations from this.

- **Redclyffe Investigations**

A number of investigations are nearing completion into allegations made by a member of staff. It is likely that a project group involving staff reps will be set up to agree an action plan and monitor progress.

2. KEY GOVERNANCE INDICATORS (BY SERVICE)

KEY GOVERNANCE INDICATORS - Quarterly Divisional Review

2.1 Community Hospitals

Topic	Start Date	Actions/responsibilities	Target Date	Completion Date
Complaints				
Mrs R - Daedalus	August '98	CPS response received. Awaiting outcome of further investigations Police/UKCC.	unknown	
Mrs D - Dryad	Jan '00	Independent Review held 22.5.01		

EMH

Topic	Start Date	Actions/responsibilities	Target Date	Completion Date
Assessed Risks				
Staff shortages	Dec '00	Contingency arrangements in place	Reviewing daily	
Critical Incident Medical Cover Mulberry	12.4.01	Lead Consultant has followed up with GP trainer of staff grade.	July '01	July '01

2.2 COMPLAINTS

Service	COMPLAINTS	REVIEW
Community Hospitals		
Formal	Mr P-H 10.5.01 Complaint re transfer arrangements for his mother and aspects of care. Meeting held with Mr P-H - apology sent and explanation from GP in letter re transfer	Resolved
Informal	Mr B 04/01 Complaint re Mrs B fall and fracture of neck of femur. Discussions with JP and ward staff	
Physiotherapy (PHI Acute)		
Formal	Mr K 26.6.01 Complaint re lack of physio for his partner following a stroke. Response relating to lack of specialist physio to patients (outliers) not associated with F level rehab areas.	
Podiatry		
Formal	Mr F - 14.5.01 re length of wait. Apology given for delay. Waiting time was within agreed timescales. Mr F - 24.5.01 Complaint re delay between appointments Apology given - owing to demand, criteria has been reviewed and led to delays in routine treatment.	Resolved Resolved

2.2 COMPLAINTS

Service	COMPLAINTS	REVIEW
Podiatry		
Informal	14 received across the service relating to: Access 9 Chairs 3 Clinical practice 1 Staff attitude 1	
Community Nursing		
Informal	Letter from parent re perception that staff felt she wouldn't attend an optician appointment. Apology given for misunderstanding	Resolved
Health Visiting - Gosport		
Informal	<ul style="list-style-type: none"> • Client having read health visitor records discovered two inaccurate entries on a chronology submitted to the Social Services Department. Client requested that the entries be changed. Health Visitor wrote to SSD with amended chronology. Letter sent to the client with a copy of the amendments. • Client and client's mother (maternal grandmother to child) contacted Health Visitor Clinical Manager to discuss feeling of lack of support from family health visitor. Discussion with family health visitor. Family were happy to be allocated to a new health visitor. 	

2.2 COMPLAINTS

Service	COMPLAINTS	REVIEW
School Nursing		
Informal	<p><u>School Nursing</u></p> <ul style="list-style-type: none"> • School are requesting more health promotion work than the team can currently provide. This causes staff anxieties when trying to please everyone • Staff are finding the facilities offered in schools is not always suitable and they are finding that it is not always possible to give the type of service they would like. e.g. being offered the disabled toilet to do the screening or Health promotion nurses expected to double up to cover for teaching staff who have to be elsewhere. Staff feel they are being taken for granted. 	<ul style="list-style-type: none"> • Meeting set to prioritise for next term. • All staff to look at each problem and try to resolve the issues locally in each school. If they then feel that this is too risky or not appropriate, to inform school that they will have to terminate this session and return when more suitable arrangements can be put into place. This to be followed by a letter to head teacher and chair of governors informing them.

LETTERS OF THANKS AND DONATIONS

	Total Number
GOSPORT WAR MEMORIAL HOSPITAL	36 (£507) Plus TV
ST CHRISTOPHER'S HOSPITAL	Unavailable this Quarter
COMMUNITY NURSING	12
HEALTH CENTRES	Nil
PODIATRY	2 (£170)
PHYSIO	4
OT	1

2.3 RISK ASSESSMENTS

2.3.1 RISK EVENTS

- Critical incident Phoenix Day Hospital. Missing ampoule of drug when counted. Systems changed for key storage.

**Fareham & Gosport Q1 2001/2002
Staff / Premises incidents by area
and event type**

	TOTALS	Briarwood	Cedarwood Day	Collingwood	Mulberry	Daedalus	District Nursing	Dolphin Day	Dryad	FarehamHC	Gosport HC	Gosport War	OT	Podiatry	Portchester HC	Phoenix Day	Physio	Potteries	Recycle Hse	Rosewood	Rowner HC	Shannon	Spruce	St Christophers	Sultan
1 Assault (actual-victim)	9			9																					
2 Assault (threatened-victim)	0																			1					
3 Assault (verbal abuse-victim)	1																			1					
4 Back injury/pain	0																								
5 Bite (animal/insect)	0																								
6 Bogus clinician	0																								
7 Bomb alert	0																								
8 Bullying/intimidation	0																								
9 Bumped/Caught in/Struck by)	5	1			1	1														2					
10 Choking	0																								
11 Equipment (causing injury)	0																								
12 Equipment damage	0																								
13 Equipment (failure)	0																								
14 External provider	1																								1
15 Fire (actual)	0																								
16 Fire (false alarm)	3				1	1																			1
17 Flood	1																			1					
18 Harrassment (non-sexual)	0																								
19 Harrassment (racial)	0																								
20 Harrassment (sexual)	1																								1
21 Hazardous exposure (chemical/electrical)	1																			1					
22 Infection risk (body fluids)	0																								
23 Infection risk (clinical sharp)	1					1																			
24 Infection risk- disease exposure	0																								
25 Injury/pain onset - ? causal activity	2						2																		
26 Manual handling (object)	0																								
27 Manual handling (person)	8			1	1														1	2		1			2
28 Medical collapse	1																						1		
29 Medicines management	1														1										
30 Other injury - non pt care related	0																								
31 Pain (Complaint of)	0																								
32 RTA	1		1																						
33 Scald/Burn	1		1																						
34 SCIP use	2			2																					
35 Security - alarm activation	0																								
36 Security (damaged property)	2																			2					
37 Security (dangerous/illicit goods)	3																			2					1
38 Security (illegal entry attempt)	0																								
39 Security (illegal entry)	0																								
40 Security (intruder)	2																								2
41 Security (key/combination loss)	0																								
42 Security (missing patient)	0																								
43 Security (missing property <£1k)	0																								
44 Security (missing property >£1k)	0																								
45 Security (public disorder)	0																								
46 Service failure (data protection)	0																				1				
47 Service failure (utilities)	1																								
48 Sharp - non-clinical	2					1																	1		
49 Skin (damage to)	0																								
50 Slip/trip/fall	0																								
51 Staffing (medical)	1				1																				
52 Staffing (nursing)	14			6		3		2																	3
53 Staffing (support)	0																								
54 Unsafe practice conditions	1																						1		
55	65	1	2	18	3	8	2	0	2	0	0	0	0	0	0	0	1	0	0	1	12	0	4	0	11

Fareham & Gosport Q1 2001/2002

Risk events by severity

Patients								Staff/Premises										
	3							3	Ark Royal	0								
3	4	2						9	Briarwood	1		1						
			1					1	Cedarwood Day	2		1	1					
1	50		2					53	Collingwood	18	3	13		1	1			
	10							10	Mulberry	3		1	1	1				
	28		5	1				34	Daedalus	8		5	3					
								0	District Nursing	2		2						
	1							1	Dolphin Day	0								
	6		1					7	Dryad	2		2						
								0	FarehamHC	0								
								0	Gosport HC	0								
								0	Gosport War	0								
								0	Health Visiting	0								
								0	Hill Park Clinic	0								
								0	Lee on Solent HC	0								
1	4							5	Medina	0								
	1							1	Phoenix Day	1							1	
								0	Physio	0								
	1							1	Podiatry	0								
								0	Portchester HC	0								
								0	Potteries	0								
								0	Redclyffe Hse	1		1						
	8							8	Rosewood	12	3	6	1	2				
								0	Rowner HC	0								
		1						1	SALT	0								
								0	St Christophers	0								
1	4			1				6	Shannon	4	1	2	1					
								0	Spruce	0								
	55		4	1				60	Sultan	11		9	2					
1	16	2	1	2	1			23	Summervale	0								
7	191	5	14	3	3	0	0	223	TOTALS	65	7	43	2	9	1	2	0	1
n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical	Totals		Totals	n/miss low	low	n/miss med	medium	n/miss high	high	n/miss crit	critical

2.3.2 OTHER CLINICAL AND NON CLINICAL RISK EVENTS

Physiotherapy

Loss of records in transit from Physiotherapy Dept, GWMH and Physiotherapy Department at Haslar. Records later turned up at Haslar. Problem arose because envelope had been addressed to a specific named therapist who was away from department for several weeks. In future, mail will be addressed to the department and not specific therapist.

Health Centres

6th April 2001 - Theft of petty cash at Gosport Health Centre.

Community Hospitals

Fire audit action plans have been developed. Both Support Services Managers are meeting regularly with John Snowden to identify the work and assess progress being made.

Podiatry

Podiatry patient collapsed with angina attack at Gosport Health Centre during treatment. Junior member of staff in attendance.
Outcome: to review induction of juniors and CPR training.

District Nursing

Discharge of patient from Southampton with equipment not normally used in community. No notification or training of community staff. Service manager followed up with letter. Letter received from Southampton.

Health Visiting

The intensity of some HV caseloads has increased dramatically, especially Child Protection issues. The HVs are involved in court cases which require intensive visiting and writing of in-depth reports. The transfer-in rates have increased and these seem to be producing a disproportionately high level of families with problems. Health Visitors are coping very well but the stress levels are high.

Accommodation remains an issue at Park Lane Surgery. It is a small room used by DN and HV teams. DN work is changing so that they use the telephone much more frequently. Plan to put in an extra landline and review other accommodation options.

School Nursing

Since the Paediatric review there has been a shift in work pattern and it is now no longer possible for the school nurse to view children prior to discussing them in school. The SN feels that they are referring children on to doctors and other agencies only on

hearsay, by reporting what others have told them. They feel strongly this is unacceptable practice.

The other problem is that they feel the school should have an outline of the types of things that could be discussed with the SN. (The staff are obviously feeling vulnerable as they don't know the children they are discussing and they are having pressure put on them to sort out all of the schools problems - this obviously needs to be addressed ready for the beginning of next term).

Since the Paediatric review, the school nursing team has been under extreme pressure as the workload has greatly increased. Added to this, the knock-on effects of the meningitis campaign and also long term sickness. At times, the staff are working to such tight deadlines and under such pressure that there is the likelihood of clinical and non clinical risks. Service Manager working with team to review service structure.

2.4 AUDIT/CLINICAL EFFECTIVENESS/WAITING TIMES

2.4.1 Community Hospitals

- The Community Hospitals Service Lead Group
This group is being re-defined as a Nursing Reference Group - Community Hospitals. Membership will be reviewed. The group will provide districtwide support for nursing developments in Community Hospitals, including dissemination of information to maintain the principles of the various training and development projects in establishing baseline skills and core competencies.
- Audits of IPR process and Bed Rails nearing completion.
- Project work relating to Essence of Care benchmarking is in early stages of development.
- Training and development for nursing staff - three main projects progressing well with ongoing work to develop evidence base for training and competency maintenance and provision of Resource Folders. Workshops and training continue for ECGs and IV management with progress being made in identifying cannulation training and competency maintenance.
- Automated External Defibrillators (AED)
Training and updates continue. Next stages of this project include:
 - Verification of draft addendum to the CPR policy relating to the use of AED by a Registered Nurse.
 - Review of Secondary Response equipment with the aim of standardising this for all areas.
 - There has been excellent feedback from practice simulations which have been held in all locations.
 - Comprehensive debrief sessions have been well received following use of AED in 'real' situations.
- ALERT Course - no change from previous reporting.
- Falls Working Group - Progress with this group continues. The group have designed posters and are commissioning a video which will include patients describing their experiences. Discussions are in progress with final year students from Portsmouth University Media Studies course regarding the making of the video. Members of the Falls Group are linking with other 'falls' representatives districtwide.

2.4.2 OT

- A pilot project is being run to consider the training needs of OTs in the community who are trying to manage complex adult postural problems. Effectiveness in this field is essential if an individual with significant disability is to gain maximum independence and a good quality of lifestyle. The report is expected in the autumn.

2.4.3 Community Nursing

District Nursing

- Joint workshops with Social Services care managers and District Nurses to look at specific topic areas, e.g. palliative/terminal care and to promote closer working together. One set of workshops have already taken place and another is planned for later this year.

Health Visiting

- The health visitor team have agreed to focus the quarterly professional forum meeting to facilitate a peer led forum that will review all spectrums of the clinical governance agenda.
- Post Natal Depression Groups - very positive evaluation forms.
- Behaviour/sleep clinics - audit shows positive outcomes. Clinic staff looking at ways to reduce DNAs.
- Districtwide audit of behaviour management undertaken - no report available to date.
- Health Visiting, Gosport - The evidence based practice group which continues to meet regularly has designed a flow chart for 'good practice' to deal with 'dry skin' conditions in babies and young children.
- Health Visiting, Fareham - Child Protection - Following the successful implementation of training on Assessment Framework for children in need and their families, 3 more training dates have been provided for those unable to attend initial sessions in Fareham & Gosport. Fareham Health Visiting is represented on the Fareham Area Domestic Violence Forum and has distributed the updated Help and Advice leaflet to all health visitors in Fareham.

School Nursing

- NVQ Level 3 training pack put together for SW and nursery nurses in child health. This pack has gone out to team and service managers for comment.

- In-house audit of enuresis clinics already sent in. Drop in at Bridgemaury still to be evaluated but initial view is that it is a very worthwhile project that could be taken into other schools.
- Year 11 BCG uptake has not been as good as was hoped. Only 11 out of 140 took up the clinics. We have instructed schools that if any of this Year 11 want to return when we are in next term, they are more than welcome.
- Core screening programme should be completed by the end of term.
- Enuresis care pathways have been well received. There is a need now, to look at the 3 system approach and tie this in with the pathways.
- Evaluation forms (HPSN) are 'flooding' in from schools and there is a huge uptake on the mental health input for next year.

2.4.4 Podiatry

- Develop a district wide Podiatry Clinical Governance Advisory Group
- Clinical Specialist teams to produce individual action plans, including guidelines standards, audit and research proposals.
- Introduce a system of clinical reflection for all staff.
- Develop a regional system to deliver CPD
- Improve risk assessment process
- Identify possibility of patient held records
- Nail surgery audit on peer review of technique and quality of excision of nail matrix. Action plan currently being written.

2.4.5 Physio

- Participated in "Sort out Stroke", Clinical Governance R/V.
R/V document now complete and results being circulated/disseminated
Key actions identified with project groups being formed
Work will inform NSF steering group for stroke.
- Staff member completed nine month clinical governance training programme with National Support Team in Leicester.
- Research
Assistance with Odstock FES trial
Assistance with research into therapeutic relationships in elderly care

- Trials of falls outcome measures
- Development of "Stepping Stones" in Gosport to support transfer of patients into the community (Daedalus Ward)
- Documentation audit data collected.
- Develop improved communication and links with PCGs
- Develop revised referral form for GP referrals
- Develop proposal for referral triage scheme for GP Pts in Fareham
- Implement multiprofessional goal setting on Rosewood and Daedalus
- Lone working policy implemented - R/V of mobile phone needs required
- Physiotherapy note keeping audit undertaken July 2001. Report to be written up and action plans made.
- Gosport currently has waiting times of between 3 weeks and 28 weeks for GP referred patients and 40 weeks for consultant referred patients. Referral rates continue at 35% above agreed levels. Staff working to start group classes to try and speed throughput. Fareham wait times are between 3 weeks and 26 weeks (GP) and 23 weeks for consultants. Paper in preparation with ideas that might reduce these times slightly. These are that the referral form is to be revamped to give better prioritisation and that patients might be triaged on receipt of referral. On triage, the patient may be given an immediate follow-up appointment, given an appointment in the next few weeks, placed back on the waiting list or discharged. Each patient would be given appropriate advice and exercises as required. It is hoped that whilst they are waiting for the next appointment that they can be helping themselves with appropriate advice. Advice given at an appropriate time rather than 3 months late, may well be all that the patient requires.
Underlying problem of referral rate above funded levels continues.
- Districtwide workshop for clinical effectiveness was held in order to raise awareness and find out what staff feel the Physiotherapy Clinical Effectiveness Group should and could be doing. The ideas will be formulated into TORs and action plans and will seek to involve all staff across the different PCTs.

3. HUMAN RESOURCES

FAREHAM & GOSPORT REVIEW

FIRST 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 (excluding EMH)
FAREHAM / GOSPORT DISTRICT NURSING
FAREHAM/GOSPORT CHILD HEALTH
FAREHAM/GOSPORT FAMILY PLANNING
POTTERIES HQ SUPPORT
FAREHAM/GOSPORT HEALTH CENTRES

This report contains three performance indicators:

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

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

Staff in Post	Qtr 1 01/02	Qtr 2 01/02	Qtr 3 01/02	Qtr 4 01/02
Qualified Nurses	190.3			
Learners	10.0			
Support Workers	115.6			
Technical & Scientific	1.0			
Managers, Admin. Ancillary	93.4			
Total	410.3			

Table 2 Reasons for leaving

	Reason for leaving	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Controllable	Retirement	2			
	Dismissal	0			
	End of contract	0			
	Transfer of post	0			
Involuntary	Early/Ill Health	1			
	Retirement				
	Death	1			
Uncontrollable	Medical dismissal	1			
	Career development	4			
	Training	0			
	Dissatisfaction	0			
	Personal reasons	7			
Unknown Reason		1			
Total		17			

Exit Questionnaires received - 2

comments

- 1. 'night duty - underpayment compared to Whitley contract colleagues'
unsatisfied with promotion prospects / other personal reasons**
- 2. 'moving with husband who is in the forces;
will need to find employment, hopefully in the NHS'**

Table 3 Absences %

Month	F&G	Trust
April	5.2	5.4
May	6.4	5.7
June	5.8	5.8
July		
August		
September		
October		
November		
December		
January		
February		
March		

fgnrs

Staffing Projection Registered Nurses												
Fareham / Gosport Community Hospitals												
Jun-01												
staff shown in WTE												
decrease based on last quarter's labour turnover 6.8% for all nurses in division												
absences based on previous months												
06-Jul-01												
note overseas nurses not included in data until August when registration expected												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Establishment	78.8	78.8	75.3	76.2	75.1	75.1	75.1	75.1	75.1	75.1	75.1	75.1
In post	81.2	67.2	78.3	80.5	71.1	71.1	69.5	77.0	75.3	73.7	72.0	70.4
Other increase	0.0						9.0					
decrease	0.0	0.8					-1.6	-1.5	-1.7	-1.7	-1.6	-1.6
In post	81.2	68.0	78.3	80.5	71.1	69.5	77.0	75.3	73.7	72.0	70.4	68.9
variance +/- wte	2.4	-10.8	3.0	4.3	-4.0	-5.6	1.9	0.2	-1.4	-3.1	-4.7	-6.2
variance +/- hours	360.0	-1620.0	450.0	645.0	-600.0	-834.6	285.9	31.8	-216.7	-459.8	-697.5	-930.0
mat hours	-30.0	-30.0	-30.0	0.0	0.0	-18.0	-18.0	-18.0	-18.0	-18.0	-18.0	-18.0
sickness hours	-755.2	-1056.5	-595.5	-966.0	-801.5	-834.9	-834.9	-834.9	-834.9	-834.9	-834.9	-834.9
training hours	-915.0	-915.0	-600.0	-382.0	-284.5	-619.3	-619.3	-619.3	-619.3	-619.3	-619.3	-619.3
total hours lost	-1340.2	-3621.5	-775.5	-703.0	-1686.0	-2306.8	-1186.3	-1440.4	-1688.9	-1932.0	-2169.7	-2402.2
total wte lost	-8.9	-24.1	-5.2	-4.7	-11.2	-15.4	-7.9	-9.6	-11.3	-12.9	-14.5	-16.0
variance +/-	-6.5	-34.9	-2.2	-0.4	-15.2	-20.9	-6.0	-9.4	-12.7	-15.9	-19.1	-22.2
total wte lost/gained												
as % of establishment	-11.3	-30.6	-6.9	-6.2	-15.0	-20.5	-10.5	-12.8	-15.0	-17.2	-19.3	-21.3
Bank hours	30.0	0.0	60.0	113.5	167.7							
excess hours	165	195.0	195.0	185.0	175.5							
overtime hours	15.0	15	15.0	4.75	14.5							
agency hours	30.0	0.0	0.0	6.0	0							
total add. hours	240.0	210.0	270.0	309.3	357.7							
total wte bought in	1.6	1.4	1.8	2.1	2.4	0	0	0	0	0	0	0
total wte gained	2.0	1.8	2.4	2.7	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
as % establishment												
variance as % establishment		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Starters												
Leavers					J.Florior 0.8							
					L.Pickering 0.8							
					L.Hume 0.8							

fghcsw

Staffing Projection HCWs													
Fareham / Gosport Community Hospitals													Jun-01
staff shown in WTE													
decrease based on last quarter's labour turnover 1.9% for all HCSWs in division													
absences based on previous months													
06/07/01													
	Feb	Mar	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Establishment	87.1	87.1	86.4	86.9	86.9	86.9	86.9	86.9	86.9	86.9	86.9	86.9	86.9
In post	83.0	81.1	93.9	93.4	93.4	93.4	92.8	83.2	82.7	82.2	81.8	81.3	81.3
Other increase	0.0												
decrease	0.0	-0.6				-0.6	-9.6	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5
In post	83.0	80.5	93.9	93.4	93.4	92.8	83.2	82.7	82.2	81.8	81.3	80.8	80.8
variance +/- wte	-4.1	-6.6	7.5	6.5	6.5	5.9	-3.7	-4.2	-4.7	-5.1	-5.6	-6.1	-6.1
variance +/- hours	-615.0	-985.2	1125.0	975.0	975.0	890.9	-549.1	-624.0	-698.4	-772.5	-846.0	-919.2	-919.2
mat hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
sickness hours	-1305.0	-1590.0	-900.0	-1438.5	-967.0	-1240.1	-1240.1	-1240.1	-1240.1	-1240.1	-1240.1	-1240.1	-1240.1
training hours	0.0	-180.0	-30.0	-194.0	-626.0	-206.0	-206.0	-206.0	-206.0	-206.0	-206.0	-206.0	-206.0
total hours lost	-1920.0	-2755.2	195.0	-657.5	-618.0	-555.2	-1995.2	-2070.1	-2144.5	-2218.6	-2292.1	-2365.3	-2365.3
total wte lost	-12.8	-18.4	1.3	-4.4	-4.1	-3.7	-13.3	-13.8	-14.3	-14.8	-15.3	-15.8	-15.8
variance +/-	-16.9	-24.9	8.8	2.1	2.4	2.2	-17.0	-18.0	-19.0	-19.9	-5.3	-5.3	-5.3
total wte lost													
as % of establishment	-14.7	-21.1	1.5	-5.0	-4.7	-4.3	-15.3	-15.9	-16.5	-17.0	-17.6	-18.1	-18.1
Bank hours	15.0	255.0	165.0	106.0	225.5								
excess hours	405.0	345.0	285.0	299.0	194.7								
overtime hours	15.0	15.0	15.0	0.0	7.0								
agency hours	345.0	345.0	255.0	270.0	408.0								
total additional hours	780.0	960.0	720.0	675.0	835.2								
total wte bought in	5.2	6.4	4.8	4.5	5.6	0	0	0	0	0	0	0	0
total additional wte													
as % of establishment	6.0	7.3	5.6	5.2	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
variance as % establishment		7.3	5.6	5.2	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Starters						V.Waveuq 0.8							
Leavers													

4. FINANCE

4.1 MARTIN GOULD

FAREHAM & GOSPORT DIVISION

Q1 Apr - Jun : 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
5CT825	F/G Divisional Training	2,917	729	25%	-	-729	0
5CT850	F&G Divisional Reserve	436,342	88,157	20%	-	-88157	0
5CT125	Community Enabling Service	131,579	32,874	25%	23,169	-9705	-10000
5CT150	Premises	354,954	77,584	22%	76,499	-1085	0
5CT125	Podiatry	294,218	73,491	25%	81,818	8327	15000
5CT150	Occupational Therapy	210,020	52,467	25%	45,649	-6818	0
5CT200	Physiotherapy	524,167	130,983	25%	130,431	-552	0
5CT225	Small Hospitals	5,357,392	1,341,034	25%	1,335,454	-5580	0
5CT500	Health Promotion	90,913	22,713	25%	25,096	2383	0
5CT600	Community Nursing	4,244,395	1,054,983	25%	1,046,822	-8161	-20000
	sub total virtual pct	11,646,897	2,875,015	25%	2,764,938	-110077	0
5CT800	F&G Headquarters	277,986	69,453	25%	73,141	3688	10000
5CT900	Contract Beds	154,148	38,529	25%	28,650	-9879	0
5CT925	Occupational Therapy	847,413	228,222	27%	280,469	52247	0
5CT950	Physiotherapy	1,352,751	342,651	25%	377,581	34930	0
5CT975	F/G Elderly Mental Health	2,787,423	697,157	25%	815,810	118653	415000
	sub total trustwide	5,419,721	1,376,012	25%	1,575,651	199639	425000
	Grand Total	17,066,618	4,251,027	25%	4,340,589	89,562	425,000

Forecast Assumptions:

- 1 Non pay inflation of approximately £50k will be funded
- 2 Revenue expenditure in relation to Haslar Therapies will be fully funded including agency costs
- 3 Elderly Mental Health. The average monthly spend has been £272,000 per month over the December 2000 - June 2001 period. The year - end projection is based on a factor of 3.5 times the first quarter's overspend

FAREHAM & GOSPORT DIVISION

Q1 Apr - Jun : 2000 - 2001

Current Year Issues & Cost Pressures

Service / Care Group		Narrative
VIRTUAL PCT		
5CT825	F/G Divisional Training	Any essential training to be funded by Charitable Funds or other resources external to the Division's recurring revenue budgets.
5CT850	F&G Divisional Reserve	The Reserve currently includes: Haslar Therapies £250,000, Physio knee triage £46,752, Overseas Nurses £49,490, GWM/Sylvan PHT outpatient clinics £28,000, Funding due to be transferred to MH Physio £42,515.
5CT825	Community Enabling Service	Cost pressure, 2001/2 only, relating to Rosemary Salmond's CES role- £14,000. Current underspend relates to Caps Nursing Home payments. Equipping costs relating to last year, £7k re bath lift and pillow lift.
5CT850	Premises	
5CT125	Podiatry	Currently slightly over the funded establishment. but £4k spend on Bank Staff. This represents 33% of the District's total Bank costs due to agreed allocation of costs by Service / Finance Managers.
5CT150	Occupational Therapy	Current underspend will reduce due to expected increase in staff and Discharge Technician charge.
5CT200	Physiotherapy	Separate statements for Haslar In and Outpatient will be introduced in July to improve monitoring.
5CT225	Small Hospitals	Out Patient Dept currently underspending. Main pressure areas are Sultan and Dryad - £20k over in total
5CT500	Health Promotion	Estimated staff overspend of £6k based on current position. Need to assess Health Promotion scheme income to ensure staffing element offsets costs where appropriate.
5CT600	Community Nursing	District Nursing (Fareham) overspend of £5k at June on dressings and MSE. Gosport £2k under on these items. Contenance, Rest Homes £3 under whilst Domiciliary £6k over. Learning Disability, Social Services to stop providing? C&FT FP10 expenditure understated by £5k in June.

Portsmouth Healthcare NHS Trust
TRUSTWIDE SERVICES

FAREHAM & GOSPORT DIVISION

Q1 Apr - Jun : 2000 - 2001

Current Year Issues & Cost Pressures

5CT900	Contract Beds	Current underspend will reduce by year-end as full effect of a one-off saving is included in current position. There is a recurring inflation problem as that requested by providers relate to pay inflation in the main whilst these budgets attract non pay inflation.
5CT925	Occupational Therapy	Funding is due to this budget for Haslar costs and for course fees .
5CT950	Physiotherapy	Haslar funding due. High agency costs and overstablished by 2.50 Basic Grades employed at risk.
5CT975	F/G Elderly Mental Health	Expenditure in first quarter on agency was £70k and overtime £30k . Drugs and patient appliances £7k over. Overspend by service: Mulberry £48k, Redclyffe £19k,Summervale £10k CPNs £20k. The Cosham / Paulsgrove additional workload remains unfunded.

Issues & Cost Pressures for Future Years

General	Narrative
	Some Portsmouth Hospitals outpatient clinics at Gosport War Memorial and the Haslar Dermatology clinic held at Sylvan have been subject to a Service Agreement variation which has lead to a loss of income in the region of £ 18k. Increased rents relating to premises used by Primary Care nurses. Haslar Therapies and Acute Physiotherapy activity high and increasing over last year's winter levels. Maintenance costs, medical equipment.

Non-Recurring Programme:

Centre	Description	Annual Allocation	Spending to Date	Y/End Projection
	Last year's priority equipment list has been reissued to managers' to ensure still relevant. Procedure remains re new requirements although managers are aware funding is not expected. Any essential items purchased will be charged to revenue budgets on approval by Fiona Cameron , unless another funding source can be established , and these items will be a first call if any Block allocation is made.	0		
		0		
		0		
		0		
	TOTAL			

Portsmouth Healthcare NHS Trust

FAREHAM & GOSPORT DIVISION

Q1 Apr - Jun : 2000 - 2001

Capital Expenditure:

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

Ward Budgets

Q1 Apr - Jun : 2000 - 2001

Centre	Description	Annual Allocation	Spending to Date	Y/end Projected spend
C34612	Rosewood	5,000	2,604	5,000
C34617	Briarwood	5,000	0	5,000
C34619	Shannon	5,000	2,600	5,000
C34620	Daedalus	5,000	0	5,000
C34621	Dryad	5,000	0	5,000
C34622	Sultan	5,000	0	5,000
C34623	Summervale	5,000	0	5,000
C34624	Redclyffe	5,000	0	5,000
C34626	Ark Royal	5,000	0	5,000
C34627	Collingwood	5,000	0	5,000
TOTAL		50,000	5,204	50,000

Charitable Fund Expenditure:

Cost Centre	Fund Name	Balance 1/4/01	Current Balance 30/06/01	Target Balance 31/3/02
C71024	Gosport WMH General	41,058	37,074	20,529
(The June balance is higher than anticipated and an investigation is currently being undertaken)				
TOTAL		41,058	37,074	20,529

Notes:

4.2 ADDITIONAL INFORMATION

4.2.1 Physio

- Funding issues with the integration of Haslar need to be addressed. Review of activity level v staffing levels underway. It appears that there will need to be a reduction in staff at Haslar to match activity level over the past year. There are a number of locum staff in Haslar at present and these lines will need to be recruited to as soon as the financial picture is clear.

4.2.2 Podiatry

- Budget statement indicating a £5K overspend on staff costs.
Investigations focus on:
- Checks to ensure secondment money transferred from Portsmouth Hospitals for Infection Control secondment
- Accurate apportioning of wte across podiatry network
- Joint working with each organisation's Finance Manager to agree financial management processes which allow the Podiatry Network management to operate with a minimum of administrative effort while maintaining adequate financial control and accountability within each PCT/PCG. Bank staff costs to be apportioned by one third to each budget.

5. SERVICE AGREEMENT PERFORMANCE

5.1 Physiotherapy

- Over the past 12 months referral levels from GPs and consultants in Fareham are 32% over agreed level.
Our activity level is 9% over agreed level
Gosport referral rate is 45% over agreed level with activity 15% over.

5.2 Podiatry

- Initial contacts currently only performance assessment measure. Figures indicating approximately 50% under target. Possible reasons for this are:-
- Reflects current situation of slow movement from waiting lists as caseloads full. Priority patients only coming through from lists which are inevitably building
- Reduced commitment to recording data by staff, associated partly with loss of routine from collecting all data and caseload pressure reflecting time pressures
- Concerns regarding quality of return form IM&T.

5.3 Community Nursing

5.3.1 Activity

A drop in activity reporting - all staff groups have been reminded of the importance of downloading data.

5.3.2 School Nursing

- A review of school nursing is planned in the light of recent publications "School Nursing in the Public Health Arena" and the paediatric review and an in-house audit to support the above. Consultation with staff and clients (School parents and children).
- Consider implications of the Hall report, 4th issue.
- There will be two year groups of BCGs to do next term and reduced staff to implement this.

5.4 OT

- The reported data from the OSS indicates an under performance against this target of 24% within Fareham & Gosport Locality.
- Whilst data at this time of year tends to be 'lower' than later in the year, the other factors that are also contributing to this are:

- Manual collection of data operating for one team awaiting codes
- The report system is not reflecting the configuration of OT nor the change in service delivery
- The impact of the change in service delivery and the consequent reduction in 'initial' contacts, as the episode of OT intervention extends across the continuum of care.

Actions:

- A working party is being established to re-visit data collection and reporting with IT in September.
- Teams are receiving monthly reports from OSS in order to monitor individual staff activity.

6.1

Martin Dorey
Head of Service Planning
De la Court House
Queen Alexandra Hospital
Southwick Hill Road
Cosham
Portsmouth
PO6 3LY

FC/MT

06 July 2001

Dear Martin

Re: Physiotherapy Services to Portsmouth Hospitals Trust (inc. Haslar)

I am writing to raise a number of issues related to the physiotherapy service provided to Portsmouth Hospitals from Portsmouth HealthCare Trust. The issues have all been raised with the relevant service managers locally. However, we are unclear as to how we ensure that these issues are followed through. The purpose of my letter therefore is twofold - Firstly to raise the issue formally with you and, secondly, to seek your advice as to how we can best proceed to resolution.

In addition to that, we are currently experiencing some difficulty understanding the plan, both short and medium term, in relation to PHT bed movements. This is creating problems for us in terms of our ability to support these initiatives where that would be feasible and / or appropriate. I wonder, therefore, if you could indicate to me the best route for that information to be supplied to us.

The particular issues in physiotherapy are as follows:-

Exton 3 - The use of these beds has been changed and at the point of change we were assured that there would be no physiotherapy provision required. The change of use of the beds amounts to a service development, in that it has created an increased requirement for physiotherapy, as currently approximately eighteen of the twenty beds have patients who require physiotherapy input.

A draft bid related to this is attached for your information.

The following issues are related to Haslar:-

C3 - Haslar -This was opened early in 2000 and the Haslar Physio Team, at that time, stretched to cover the additional workload. As you are no doubt aware, the transfer of funds in relation to the Haslar integration is based on 98/99 activity. As the activity associated with C3 was not part of that calculation, we believe that it is a part of the service currently unfunded. I am, therefore attaching a draft bid for physiotherapy to support C3 at Haslar, for your information.

The second Haslar issue is the proposal to transfer the medical beds at Haslar to Q.A. Hospital from 1st August. There are currently three WTE physiotherapists associated with these beds and it is anticipated that they will move to Q.A. Hospital to continue this work. However, there is a knock-on effect to the Haslar site, in that there will be no medical physiotherapy provision on the Haslar site after 1st August. Historically, a service has been provided to C3, as above, and to outliers. In addition the neuro outpatients service will be affected.

We were clear with Portsmouth Hospitals at the outset that the service to C3 would need to cease when the medical wards moved on 1st August.

In relation to the neuro outpatients, we intend to manage this by transferring patients to Q.A. neuro over a limited period of time. This issue will be the subject of a further bid. However, the patients who are outliers could pose a significant problem.

Lastly, Haslar currently receives a Saturday orthopaedic service linked to the fact that major joint replacement work takes place on a Friday afternoon. In January of this year the number of patients seen was eleven and that had risen to thirty-seven by June. We believe a direct result of the increase in the elective surgery in that 161 patients have been seen over the past six months. This activity was again not within the 98 / 99 activity used to calculate the transfer of funds for the Haslar integration and therefore constitutes a new development which we anticipate would cost approximately £5,000 per annum.

I hope the attached information is helpful and would urge that you do not hesitate to contact me if I can provide any further information. I look forward to hearing from you in relation to the questions posed.

Yours sincerely

Fiona Cameron
General Manager
Fareham & Gosport Division
Acute Inpatient Physiotherapy

*Health Promotion Service
Half Year Report
1 October 2000– 31 March 2001*

District Wide

Lyn Wilson
Health Promotion Service Co-ordinator

PORTSMOUTH HEALTHCARE (NHS) TRUST HEALTH PROMOTION SERVICE

HALF YEAR REPORT FOR THE PERIOD 1 OCTOBER 2000 TO 31 MARCH 2001

Introduction

The Health Promotion Service is dedicated to promoting health. We work collaboratively with other professionals to enable individuals and communities within Portsmouth and South East Hampshire to increase control over and improve their health.

This report is a summary of the activity of the Health Promotion Service between October 2000 and the end of March 2001.

The following activities are not directly reported but are none the less essential;

- Preparation and planning for training
- Meetings held to plan projects or activities
- Attending networking meetings
- Team meetings - including reflective practice meetings
- Time spent on administration and reading

Note; HPS, throughout, stands for Health Promotion Specialist.

Activity of the Health Promotion Service Co-ordinator

Several papers were written to support reorganisation;

- 'The Future for the Health Promotion Service within Primary Care Trusts' supported a move to HPSs becoming an integral part of health improvement teams within each locality.
- 'Health Promotion Service reorganisation' explained the roles of HPS within localities and suggested allocation of staff. Mechanisms were proposed for continuing district wide co-ordination of some health promotion activity.
- 'Objective setting guidance' was written to assist non health promotion line managers and PCT/Gs. This paper clearly defines the role of HPSs and emphasises the need for HPSs to maintain district-wide and region wide links. A HPS can only bring 'added value' to localities if their remit is wider than locality working. The paper also made recommendations for ongoing professional development.

Meetings and discussions were organised to ensure a smooth move of HPS to PCTs. Interviewing and recruitment and support for new staff continued.

Region wide links were maintained through attendance at;

- South East region Health Promotion managers meetings
- Regional Health Promotion trainers group
- Membership on the regional Public Health Development steering group

Information from these meetings is fed back to HPS colleagues and has been used to inform the reorganisation process.

SERVICE DEVELOPMENTS IN RELATION TO THE HEALTHCARE TRUST VALUES

People

3.0 WTE HPS have been allocated to Portsmouth PCT. They have relocated to the offices of Portsmouth City Council Health Development Team. There is funding for 0.7 WTE clerical support.

2.8 WTE HPS have been allocated to Fareham and Gosport PCG and East Hants PCT. The 0.7 WTE clerical assistant who would have moved to East Hants obtained a new post, however funding is available for this position. An administration post has remained in Fareham and Gosport.

1.4 WTE HPS were employed from the beginning of December 2000, on temporary contracts.

1.4 WTE HPS were off sick from October 2000. The 0.4 WTE resigned due to ill health at the end of February. The 1.0 WTE returned to work at the end of April 2001.

Performance

Activity levels returned to usual levels in the second half of the year.

Reorganisation into localities has required the management of change. Staff have been assisted to recognise the benefits of locality working and have been given time to make the transition to a new way of working.

Pounds

The Health Promotion budget broke even at the end of the financial year. Funds have been available from the Health Authority to support campaign activity and funding was secured to continue the Rowner project worker post for a further six months.

Partnerships

With reorganisation imminent it has been important to strengthen existing partnerships and to foster new working relationships within localities.

Planned training (as training booklet)

Title	Aim	No. of participants and generalised job titles	Length of training (Hours)
Training With Groups Oct 00	A basic introduction to training with groups	9 Mainly PHCT staff	9
Staying Active Workshop Jan 01	To introduce techniques to increase the activity levels of clients	Cancelled due to lack of numbers (too soon in the new year)	-
Promoting Physical activity Jan	To support those who wish to promote physical activity to clients	Cancelled due to lack of numbers (too soon in the new year)	-
Healthy Workplace Award Jan	An introduction to the process of achieving the Healthy Workplace Award	7 Occ. Health nurses Managers	4
Self Awareness Jan	To increase participant's self awareness	9 health care staff	6.5
Behaviour Change Training Feb	To develop participants' client centred skills for health behaviour change.	12 Practice nurses, HV, Support workers Project workers RMN	24
Training with Groups Feb	A basic introduction to training with groups	9 Mainly health care staff	9
What is body image? Feb	To explore and experience how we form our own body image and ways of improving our own or others	7 Health care staff	6.5
No Smoking Day resource workshop Feb	To focus on developing displays to raise awareness about No Smoking Day	3 attended out of 12 booked	4
Movement Psychotherapy - an introduction Feb	An opportunity to learn about a therapy which promotes mind and body integration	Cancelled due to lack of numbers	-
Ten Steps to self esteem Feb	To develop participants knowledge of self esteem for their professional and personal use	11 Health care staff	6.5
Running Stress Training workshops March	To introduce the 'positive stress file' as a resource for running stress workshops	7 Health care staff	13
What's All This About Walking? March	To support professionals who would like to set up a walking programme	Cancelled (new course - probably needed advertising more widely)	-
Introduction to Health Promotion April	The theory and practice of health promotion	6 Health care staff	6

Planned training (planned to be provided but not listed in training booklet)

Title and date	Aim	No. of participants & generalised job titles	Length of training (hours)
Pre retirement course Oct	Healthy living and stress and relaxation input to this two day course	30 PHCT staff	3
Stress management workshops Jan & Feb	To introduce the signs and symptoms of stress together with a plan for reducing stress	Up to 40 per session Employees of Collingwood	4 x 1 hour
Staying Active workshop Jan	To introduce techniques to increase the activity levels of clients with disabilities	11 Staff & clients of Gosport Voluntary Action	1.5
Movement Psychotherapy for people with learning disabilities Feb	To learn about a therapy which promotes mind and body integration	14 Learning Disability staff	6.5

Reactive training (provided in response to requests)

Aim/topic	Client(s)	No. of participants	Length
CHD prevention in Portsmouth	Southampton University (for student nurses based in Portsmouth)	80 and 60	4 hours run twice (4x 1 hour)
Sex & relationship education for teachers of children with special needs (with Sex Sense)	Cliffdale School	12	3.75 hours (3 x 1.25 hours)
Movement Psychotherapy and Staying Active	AMH staff	5	6 hours
Using a new drug and alcohol policy	Local Authority	20	4 hours
Encouraging Behaviour Change	British Heart Foundation course for CHD nursing staff	16	1.5 hours
Promoting No Smoking Day in a college situation	College students	10	1.5 hours
The Healthy Workplace Award	Workplace	8	1 hour
Healthy Lifestyle workshop	Workplace away day	25	2 hours

District Wide Activity

Objective	Progress and activity as of 31 March 2001
Healthy Workplace Award	<p>'Introduction to the Award' training planned and compiled. January 01 'Introduction to the Award' training ran. Additional training planned for May 01 due to demand.</p> <p>Workplace Alliance attended; discussed roadshows and future of Alliance group. Organised subgroup to carry out audit of Award portfolios.</p> <p>Four workplaces have achieved the Award this year. An Award ceremony has been organised for April 2001.</p> <p>A meeting was held to discuss the possibility of voluntary organisations undertaking the Award.</p>
<p>Health at Work - Steering Group.</p> <p>HAW, Fareham and Gosport Group.</p> <p>Havant and Petersfield health & safety group</p> <p>Portsmouth (St James') HAW group</p>	<p>Provided health promotion input to steering group meetings. Assisted with objective setting for 01/02.</p> <p>Provided health promotion input to locality meetings. Encouraged and supported local activities to promote Health At Work.</p> <p>Unable to provide support to this group due to reduced staffing levels in East Hants. However, a health promotion specialist working in this locality wrote four physical activity articles for 'Communicate'.</p> <p>The Health Promotion Resources assistant has provided support to this group; which included a big launch of the new 'Rodney' posters.</p>
Support the development of a specialist smoking cessation service	Service has been promoted to appropriate contacts. Health Promotion Specialists have worked closely with the Service when it has been appropriate (for example around No Smoking Day)
Smoking Prevention Alliance	Meetings have been attended to provide information, support and advice. Information has also been fed back to colleagues to relay to the locality smoking prevention groups.
Support communicable disease Group (inc. production of teaching resource)	Hand Hygiene pack has been produced and is ready to be piloted prior to a launch of the pack in June 2001.
Support development of physical activity strategy	Strategy has now been completed and circulated. Health Promotion specialists are continuing to be involved in the launch and implementation of the strategy. Information in the form of handouts and resources have been produced to support the launch.

District Wide Activity contd.

Objective	Progress and activity as of 31 March 2001
Deliver a No Smoking Day campaign (March 2001)	Planning meetings held and successful bid for funding of activities submitted to Health Authority. Resources distributed to over 450 venues. Many local events were organised and received good media coverage. A full report is currently being collated.
Increase the uptake of breast & cervical screening programmes	Some progress has been made with the proposal to investigate cervical screening rates in GP surgeries; the system used at one GP surgery has been researched and will be used to inform the process. However progress has been limited while reorganisation of the NHS occurs. One locality has shown some interest in progressing this but further discussion is needed.
Co-ordinate a World Mental Health Day campaign (Oct. 2000)	Activity reported in first half of the year. Final campaign report has now been produced.
Support mental health promotion activities in diverse settings	<ul style="list-style-type: none"> • Co-wrote and supported the development of the Secondary mental health promotion strategy • Co-wrote mapping of district wide mental health activity • Became active member of Regional mental health promotion network. • Visited Alton pupil referral unit • Provided a one hour movement therapy session to day treatment clients • Contributed to suicide/self harm workshop for adult mental health services
Support the development & implementation of health promotion initiatives in services for people with learning disabilities	<ul style="list-style-type: none"> • Made links with West Surrey Health Promotion and organised a learning disabilities training event with them • Met with Southampton Health Promotion to share LD information • Set up and chaired a health promotion LD multiagency planning group • Attended LD clinical governance reference group
Co-ordinate a World AIDS Day campaign (Dec. 2000)	Chaired WAD subgroup. Submitted bid for funding for WAD activities. Planned & organised WAD briefing for district. Ordered and distributed resources, promoted media coverage and produced report. Full report is now available and has been widely distributed.
Sexual Health Strategy Group (inc. teenage pregnancy)	<p>A representative from Health Promotion attends the HIV forum and feeds back information to the Strategy group. Health Promotion specialists have also;</p> <ul style="list-style-type: none"> • provided support and advice to the teenage pregnancy media campaign planning meetings • successfully obtained funding for a sex and relationship education conference for teachers • contributed to the development of the Teenage Pregnancy strategy
Development of Behaviour Change Training	HPSs have worked with a Hampshire-wide group to pilot, evaluate and redevelop this training course.

East Hants PCG locality Health Promotion Team

HImP programme; Coronary Heart Disease and Stroke

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support development of 'Health Walks' scheme in E Hants DC	Local Authority	Multi agency	Walking for Health Group has been set up and is chaired by Havant BC. East Hants DC is also involved. Links were made with national organisations and Hampshire CC. Local groups interested in leading walks and the local ranger had been contacted. Training had been planned. Plans were made to launch a local walking scheme at Rowlands Castle but this is now on hold as a result of the foot and mouth outbreak.
Alcohol Group	East Hants DC	multiagency	Needs assessment and data collection currently underway. East Hants DC, the Drug Reference group and health promotion specialists from East Hants PCG and North and mid Hants HA are all involved.
HImP Older Persons group	Lesley Gilbert-Wood chairs	multiagency	Active member of group. Involvement with successful 50+ fair held at Havant leisure centre. Various publicity articles were written and distributed to media contacts.

HiM P Programme Accident Prevention (includes workplace health)

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Organise one locality Healthy Workplace roadshow	Healthy Workplace Alliance	Havant BC and Ports CC	Roadshow went ahead with support from Health Promotion.
Recruit 3 new businesses to participate in and work towards the Healthy Workplace Award	Health Promotion		No progress made due to low staffing levels.
Support businesses currently undertaking or renewing HWA	Health Promotion	Eaton Aerospace Vickers Systems East Hants District Council BAe Systems	All three workplaces have been successful in achieving the Award. They will be presented with their Awards at a ceremony organised for the end of April.
Support East Hants Accident Prevention group	East Hants District Council	Multiagency	Attended group to provide health promotion information regarding Accident prevention week in June.
Support Havant Under 5's Accident Prevention group	Havant Borough Council	Multiagency	Assisting with organisation of events for child accident prevention week. This will include market displays, competitions in schools and leaflets for parents and children.

HImP Programme Cancers

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Campaign activity for No Smoking Day 2001	Health Promotion (Portsmouth)	multiagency	Most activities organised by Havant BC. Training provided to college students to support their work for NSD.

HImP Programme; Mental Health

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support activities of local drug and alcohol reference group	Chaired by police	multiagency	Links reestablished with group
Begin planning of 2001 World Mental Health day campaign	East Hants PCT health promotion specialists	multiagency district wide, especially mental health services	Planning has begun. Information gathered regarding Department of Health intentions for a mental health campaign and availability of resources.

HImP Programme; Perinatal Mortality

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Teenage pregnancy implementation group	Health Authority	Multi agency	Health promotion have played an active role in the monthly meetings. Discussions around the use of 'Baby Think it Over' have indicated that a project worker should be employed to progress this.

Youth Settings

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support schools undertaking Healthy Schools Award	Teacher advisor PSE	HPS	One school visited with teacher advisor. More visits planned for Autumn term. Staunton Park has received support and advice to help them become a sport specialist school and to progress Award. Park Community was contacted regarding 'Baby Think It Over'. Warren Park has received advice on physical activity and smoking cessation.
Tobacco retailers award scheme	Health Promotion & Trading Standards	Retailers	26 retailers received the Award by December 2000 but no further progress has been made.
Young Peoples' HImP group	Chair; Taryn Samways	Multiagency	This group are producing a number of leaflets on health issues for young people with learning difficulties. A health promotion specialist is assisting this process.

Other support and advice to youth settings

- Restablished link with youth service in Petersfield. Information given; possibility of providing training in the future.
- Support and advice provided to Havant College
- Initiated links between Havant BC youth council and the Primary Care Research group. Youth council are attempting to research the issues facing young people and this should provide the PCT with some useful feedback and information.
- Participated in a 'Question time' event organised by the Havant youth council. The issues raised included; alcohol and young people, road safety and travel to school, street lighting (personal safety) and public transport.
- Links made to support evolution of HYP A - a young peoples' group in Havant.
- Links established with SexSense project worker and Health Promotion School Nurses (necessary as new members of staff in post).

Fareham & Gosport PCG localities Health Promotion Team

HIMP programme; Coronary Heart Disease and Stroke

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support the implementation of the Smoking Prevention Strategy	Smoking Prevention Alliance	F & G smoking prevention subgroup	Attended smoking prevention subgroup to provide health promotion information and advice. Health promotion specialists have worked with Trading Standards to enable a further 6 tobacco retailers to receive the Good Retailers Award. Discussions have occurred to look at feasibility of continuing Gosport scheme and starting scheme in Fareham.
Rowner CHD project	Health Promotion Service (HPS)	Multi agency	Project is now complete and report is ready for distribution. PCGs have obtained funding for projects to support two further primary schools. HPS will be managing project and two schools have been identified.
CHD roadshow (Fareham College)	Fareham PCG	Multiagency	Provided support for CHD roadshow which occurred at the end of March 2001
Healthy Living Centre (Rowner)	Gosport BC and Gosport PCG	Multiagency	Health Promotion advice and support provided to HLC meetings.

HImP programme; Coronary Heart Disease and Stroke contd

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Various activities to promote physical activity	Health Promotion Service	Various to be identified	Meeting held with Hants county council integrated access Programme manager to discuss 'Walking your way to health' initiative. This initiative has also been promoted to various workplaces.
Support activity of Fareham Healthy Alliance	Fareham council of community service	multiagency	HPS attends Fareham Healthy Alliance meetings. Support has been provided to assist with development of bike safety project, including being a member of the project steering group.
Support activity of Gosport Healthy Alliance	Gosport BC	multiagency	Gosport Healthy Alliance restarted meetings in January 01 and HPS has attended.
Support health promotion activities in the Community Hospitals	HPS	Community Hospitals	Gosport War Memorial and St Christophers have both shown an interest in the possibility of undertaking the Healthy Workplace Award. Meetings have been held to progress this and the HPS has familiarised herself with the Hospitals' organisation and layout. Health At Work initiatives have been carried out by both hospitals. This included, at St Christophers, a No Smoking Day smokerlyser session for staff.

HIMP Programme Accident Prevention (includes workplace health)

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Recruit 3 new businesses to participate in and work towards the Healthy Workplace Award	Health Promotion	Workplaces	Work in progress with St Christophers' Hospital and Gosport War Memorial Hospital (see previous section). Workplaces who have previously worked with health were targeted with a letter asking them to consider undertaking the Award. Fareham Borough Council, Schafenacker Vision Systems and Asda Superstore (Gosport) requested information about the Award. Tyco Healthcare have been approached to gauge their interest in reapplying to undertake the Award.
Support businesses currently undertaking or renewing HWA	Health Promotion	Gosport Borough Council RNAD	GBC should be ready to submit their portfolio in September 2001. RNAD will be submitting their portfolio in February 2002.
Fareham and Gosport Child Accident Prevention groups	Fareham and Gosport Borough Councils	HPS	Gosport CAP - assistance given with development of bid for SRB funding, also for organisation of an event for Child Safety Week in June 01. The group is also considering activities to support the Sun Know How campaign. Fareham - assistance given with organisation of events for Child Safety Week and Sun Know How.

Youth Settings

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support schools undertaking Healthy Schools Award	Teacher advisor PSE	HPS	Multiagency group of people working in schools meet regularly to share information, this group is known as 'GoFar'. Funding was provided via the PCG to support CHD prevention work in two primary schools. Two schools were approached to take part in this project which commences April 2001.
Shout out - Young people in Fareham having a say	Fareham Youth Concern/Multiagency	FBC and Portsmouth Housing Association (via Fareham Youth Concern)	HPS was involved in the organisation and running of the conference. Funding was obtained for resources. HP also facilitated a health workshop at the conference. A report of the conference is being compiled.
St Vincent College and Smoking	St Vs and HPS	Smoking Cessation Service	Smokerlyser training was offered to the staff and students of St Vincents.
Fareham College and smoking project	Fareham College, Health Promotion, Fareham Borough Council	Smoking Cessation Service	Smokerlyser training was provided to support the colleges' planned activity for No Smoking Day.
Advice and support to youth settings	HPS		<ul style="list-style-type: none"> • Advice for Brune Park regarding school nurse/PSE support post • Working with Bridgemary youth club to plan young womens' group (see Perinatal mortality) • NSD activities undertaken in two youth clubs, Bridgemary and Brune Park. Worked with young people to explore attitudes and misconceptions around smoking.

HImP Programme Cancers

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Sun Know How campaign	F & G Health Promotion Specialists	Multiagency, district wide	Campaign planning meeting was held. Dermatology briefings for hair and beauty professionals will be organised in local colleges. A procedure has been put in place to enable agencies to bid in for campaign funds to support their local activities. An order form for SKH resources will be sent out. Pre school groups have been contacted to encourage them to display SKH materials.
Improving uptake of screening programmes	Health Authority	Hospital Trust GPs	See 'district wide' section.
No smoking day activities in Fareham	Health Promotion Specialist	Multiagency	Information stall was provided for general public in Fareham precinct on NSD. The fire brigade were also present. Unfortunately the event was marred by bad weather.
No smoking day activities in Gosport	Gosport HVs PCG Health Promotion	Multiagency	An event in Gosport market to promote healthy lifestyles, including information about smoking cessation. The event was well staffed and well attended.

HImp Programme; Mental Health

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Campaign activity for World Mental Health Day	Health Promotion	Multi agency	F & G group was chaired by Health Promotion. Information stalls were provided in Fareham and Gosport shopping centres and a talent evening was organised by and for service users. A commemorative booklet is being produced.
Support activities of local drug and alcohol reference group	Hampshire Drug Action Team	Multi agency, currently chaired by Social Services	Bimonthly meetings attended to share information. Appropriate contacts made to enable linking of personnel to possible funding sources, for eg HLC or SRB.

HImp Programme; Perinatal Mortality

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Teenage pregnancy implementation group	Health Authority	Multi agency	HPS is a member of the local implementation group. HP support has been provided to a project based at Bridegmary youth club working with young women.
Campaign activity for World AIDs Day	Health Promotion	Multi agency	Information and resources were distributed to locality contacts. Support was provided for the district wide briefing.

Portsea Island PCG locality Health Promotion Team

HImP programme; Coronary Heart Disease and Stroke

Objective	Lead/reporting Organisation	Other Partners	Activity/ progress achieved
Support the implementation of the Smoking Prevention Strategy	Smoking Prevention Alliance	Health Promotion Service (HPS) Health Development Team (HDT)	<ul style="list-style-type: none"> • A district wide No Smoking Day campaign was planned and delivered • Smoking cessation service has been promoted as appropriate • Smoking cessation stand at HMP Kingston health fair
To support the development of effective services to treat those with CHD	Portsmouth Coronary Heart Disease working group	CHD dept Hospital Trust LAY (public) Health professionals PHCT/PPCT	<p>Attend CHD working group meetings. Progress so far;</p> <ul style="list-style-type: none"> • Proposal has gone to Trust board for CHD nurse to support work of district and practice nurses • CHD training now underway, 5 practice nurses and 1 CRGN attending • Input to CHD Target training for GP practices • Undertaken pilot of patient-held records • Work has started on standard setting for PHCT
Promote healthy lifestyles and Independence for older people	Older people and health group	Multi agency	Health promotion chair this group. Objectives have been set for the year. Work has begun on the development of an information resource. Papers on the work of this group have been presented at the UKPHA conference and the SE region public health conference.

HIMP Programme Accident Prevention (includes workplace health)

Objective	Lead/reporting Organisation	Other Partners	Activity/ progress achieved
Recruit 3 new businesses to participate in and work towards the Healthy Workplace Award	Health Promotion	Through community groups/ project links?	Mountbatten Leisure Centre, Multicultural Resource Centre, St James' Hospital (Elderly Medicine) and Alenia Marconi have registered to take part in the Award. Paulsgrove Community centre, Merryfield House and Lake Road Health Centre have expressed an interest in the Award.
Support businesses currently undertaking or renewing HWA	Health Promotion	Portsmouth City Council HMP Kingston	Portsmouth City Council have been successful in achieving the Award. They will receive the Award at a ceremony to be held in April. Kingston are due to submit their portfolio, for audit, in September.
Healthy Portsmouth Child Accident Prevention group	Health Development Team	HPS	Information regarding Child Accident Prevention week has been passed on to Portsmouth CC. Attend CAP meetings to provide health promotion support and advice.

Youth Settings

Objective	Lead/reporting Organisation	Other Partners	Activity/ progress achieved
Support schools undertaking Healthy Schools Award	Teacher advisor PSE	HPS	Visited 14 schools (several more than once) to provide advice and support. Worked closely with Teacher advisor on organisational matters and operational groups.
Provide input to Healthy Schools Award training in Oct 2000 and Feb 2001	Health Promotion	Healthy Schools operational group	<p>Attended and provided input to October training. Worked with Teacher advisor to provide a briefing session on the Healthy School Award process for non education professionals.</p> <p>Attended Hampshire wide meeting to discuss form and future of health promotion support for Award.</p>
Other support and advice for youth settings	HP		<ul style="list-style-type: none"> • Attended youth leaders meeting to encourage participation in World AIDS day activities. • Visited Portsmouth 6th form college and supported their WAD presentations • Carried out three presentations to college students to update them on Government health promotion initiatives and the work of the local HP service. • Assisted with objective setting event for PCC youth forum

HImP Programme Cancers

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Campaign activity for No Smoking Day (NSD) 2001	Health Promotion	Multi agency	Portsmouth Health Promotion Specialist co-ordinated a district-wide campaign (see district-wide activity)

HImP Programme; Mental Health

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
World Mental Health Day	Health Promotion service	multiagency	Co-ordinated district-wide WMHD campaign. (See district wide activity section for details).
"Stress Free City" initiative	Portsmouth CC	multi agency	Active member of steering group. Providing advice with regard to the training materials used.

HImP Programme; Perinatal Mortality

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Teenage pregnancy implementation group	Health Authority	Multi agency	Active member of locality teenage pregnancy group. Bid was submitted to research young people's attitudes towards teenage pregnancy. Provide health promotion input to SureStart health subgroup.
Campaign activity for World AIDS Day	Health Promotion	Multi agency	Chaired WAD subgroup of HIV forum. Co-ordinated purchase and distribution of WAD resources district wide and organised WAD briefing. Liaised with Hants wide WAD group to commission production of poster and leaflet by young people's group. Supported activity of Sex Sense workers at Portsmouth University on WAD.

HImP Programme; Asthma

Objective	Lead/reporting organisation	Other Partners	Activity/ progress achieved
Support/co-ordinate asthma awareness project in Paulsgrove	Health promotion and the community	Appropriate health care staff	Events took place over 3 days with approximately 100 people attending. Event has been evaluated and report is available. Provide health promotion advice and support to Asthma Strategy Group.

HEALTHY SCHOOLS PARTNERSHIP

Schools participating in Portsmouth and South East Hampshire

Pilot phase

Hampshire Schools

Heathfield Special
Stakes Hill Infant

Portsmouth Schools

Charles Dickens Infant
Charles Dickens Junior
Cliffdale Primary
Highbury Primary
Miltoncross Secondary
Moorings Way Infant
Northern Parade Infant
Somers Park Primary
St John's Cathedral Primary
Waterside
St Luke's CE Secondary
King Richard Secondary

Phase One

Hampshire Schools

Bedenham Primary
Bidbury Junior
Brune Park Community
Crookhorn Community
Neville Lovett Community
Newtown Primary
Riders Infant
Staunton Park Community

Portsmouth Schools

Arundel Court Infant
Lyndhurst Junior
City of Portsmouth Girls
Priory Secondary
North End Centre PRU

Phase Two**Hampshire Schools**

Hart Plain Infant

Horndean Infant

Liss Junior

Oak Meadow Primary

Padnell Infant

Peel Common Junior

Portchester Community

Sarisbury Infant

Sheet Primary

Siskin Junior

Warren Park Primary

Portsmouth Schools

Copnor Infant School

East Shore Special

Flying Bull Primary

Milton Park Infant

Portsdown Primary

Stamshaw Junior

Podiatry

1. What does Clinical Governance mean to us?

A statutory responsibility for quality shared by:-

- individuals
- teams
- organisations

for the benefit of PATIENTS

2. Achieved by providing : -

- safe practice
- safe people
- safe places

3. This produces: -

OPPORTUNITIES : -

- personal & professional development,
MDT working and quality patient care

RESPONSIBILITIES

- professional and corporate accountability

4. Implementation of governance in podiatry limited by : -

- time
- resources

STRUCTURES DEVELOPED

1. LOCAL

New service structure based on specific clinical areas.

Clinical Specialisms to :-

- **develop clinical leaders**
- **build specialist teams - advanced practitioners**
- **practice based on competencies**
- **focus on**
 - 1.audit and research**
 - 2.guidelines and standards**
- **review service literature & documentation**
- **plan and deliver training**
- **review incidents, risk events**
- **link to care group**
 - diabetes centre clinical management team**
 - rheumatology, audit team**
 - child development centre**

**Podiatry Clinical Governance Advisory Group
- bi monthly**

David Clements - Professional Advisor

Mike Townson - Manager / Chair

Deborah Land - Clinical Lead : Diabetes

Paul Harradine - Clinical Lead : Biomechanics

Richard Jarczyk - Clinical Lead : Rheumatology

Ruth Wright - Clinical Lead : Paediatrics

Chris Gunns - Clinical Lead : Minor Surgery

**Christine Roberts - Clinical Lead : Education
/Placements**

Lynne Fisher - Clinical Lead : Health Promotion

**Monica Vaughan - Clinical Lead : Community
Rehabilitation**

Beryl Buckle - Clinical Lead : Assessment

Sarah MacIntosh - Senior Technician

Clinical Managers Network Meeting

bi monthly

1.Safe environments

2.Resource management

3.Recruitment and Retention

4.Effective and Efficient delivery of care by site

David Clements - Service Manager :
Portsmouth City/Chair

Mike Townson - Service Manager : East
Hampshire & Fareham/Gosport

Deborah Land - Coordinator : Portsmouth
City

Lynne Fisher - Coordinator : East
Hampshire

Beryl Buckle - Coordinator : Fareham/
Gosport

User Rep ?

REGIONAL

SE Region (centre) Podiatry Managers Network 10 Trust's & 1 University *Monthly meeting*

- **Review standards**
- **Share good practice**
- **Share resources**
- **Develop and Deliver CPD**

Aim to undertake: -

- **multicentred audit / research / peer review**

Areas to Develop

- **Reprofile services to :-
- reduce risk & promote safe practice
and reflective practitioners**
- **Incident reviews**
- **Supervision**
- **User representation**
- **Foot Health Strategy
implementing 'An Organisation with a
Memory' working in a learning organisation**

DEVINE

Book 48	Page 50	Fentanyl patch 25mgs	18.11.99	0915 hrs
	Not recorded	Chlopromazine 50mg	19.11.99	0930 hrs
Book 48	Page 4	Diamorphine 10mgs	19.11.99	0925 hrs
	Page 16	Diamorphine 30mgs	19.11.99	0925 hrs
	Page 4	Diamorphine 10mgs	20.11.99	0735 hrs
	Page 16	Diamorphine 30mgs	20.11.99	0735 hrs
	Page 4	Diamorphine 10mgs	21.11.99	0715 hrs
	Page 16	Diamorphine 30mgs	21.11.99	0715 hrs

GREGORY

Book 24	Page 62	Oramorph 5mgs/2.5mls	17.11.99	2020hrs
		Oramorph 5mgs/2.5mls	18.11.99	1030hrs
		Oramorph 5mgs/2.5mls	18.11.99	1430hrs
		Oramorph 5mgs/2.5mls	18.11.99	1830hrs
		Oramorph 10mgs/5mls	18.11.99	2230hrs
		Oramorph 5mgs/2.5mls	19.11.99	0630hrs
		Oramorph 5mgs/2.5mls	19.11.99	1020hrs
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Book 24	Page 63	Oramorph 5mgs/2.5mls	19.11.99	1830hrs
		Oramorph 10mgs/5mls	19.11.99	2335hrs
		Oramorph 5mgs/2.5mls	20.11.99	0615hrs
		Oramorph 5mgs/2.5mls	20.11.99	1015hrs
Book 48	Page 4	Diamorphine 20mgs	20.11.99	1700hrs
		Diamorphine 20mgs	21.11.99	1705hrs

SPURGIN

Book 24	Page 47	Oramorph 5mgs/2.5mls	26.03.99	1520hrs
		5mgs/2.5mls	26.03.99	1920hrs
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		10mgs/5mls	27.03.99	1020hrs

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			20mgs/10mls	27.03.99	2220hrs
			10mgs/5mls	28.03.99	0700hrs
			10mgs/5mls	28.03.99	1110hrs
			5mgs/2.5mls	31.03.99	1320hrs
			5mgs/2.5mls	11.04.99	0715hrs
Book 47	Page 9	M.S.T	10mgs	31.03.99	0930hrs
				31.03.99	2010hrs
				01.04.99	0730hrs
				01.04.99	2010hrs
				02.04.99	0845hrs
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				08.04.99	0735hrs
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				09.04.99	0825hrs
				09.04.99	2150hrs
				10.04.99	0725hrs
				10.04.99	2015hrs
				11.04.99	0845hrs
Book 47	Page 10	M.S.T	20mgs	11.04.99	2115hrs
Book 47	Page 87		Diamorphine 20mgs	12.04.99	0900hrs
	Page 69		Diamorphine 60mgs	12.04.99	0900hrs
	Page 88		Diamorphine 10mgs	12.04.99	1640hrs
	Page 69		Diamorphine 30mgs	12.04.99	1640hrs
Book 47	Page 95 Shows syringe driver wastage				

SERVICE

Book 23	Page 3	Diamorphine 20mgs	04.06.97	0920hrs
		Page 100 Shows syringe driver wastage		

LAKE

Book 24	Page 32	Oramorph 5mgs/2.5mls	18.08.98	1445hrs
		10mgs/5mls	19.08.98	0015hrs
		10mgs/5mls	19.08.98	1150hrs
Book 23	Page 79	Diamorphine 20mgs	19.08.98	1600hrs
		Diamorphine 20mgs	20.08.98	0915hrs
	Page 84	Diamorphine 10mgs	20.08.98	1655hrs
		Diamorphine 30mgs	20.08.98	1655hrs
	Page 85	Diamorphine 60mgs	21.08.98	0735hrs
	Page 97 shows syringe driver wastage			

CUNNINGHAM

Book 24	Page 97	Oramorph 5mgs	21.09.98	1450hrs
		10mgs	21.09.98	2020hrs
Book 23	Page 87	Diamorphine 20mgs	21.09.98	2310hrs
		Diamorphine 20mgs	22.09.98	2020hrs
		Diamorphine 20mgs	23.09.98	0925hrs
	Page 85	Diamorphine 20mgs	23.09.98	2000hrs
		Diamorphine 10mgs	24.09.98	1055hrs
		Diamorphine 30mgs	24.09.98	1055hrs
		Diamorphine 60mgs	25.09.98	1015hrs
	Diamorphine 60mgs	26.09.98	1150hrs	

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Book 23 Page 97 shows syringe driver wastage.

WILSON

Book 24	Page 34	Oramorph 10mgs/0.5mls	14.10.98	1445hrs
		Oramorph 10mgs/0.5mls	14.10.98	2345hrs
	Page 53	Oramorph 10mgs/0.5mls	15.10.98	1015hrs
		Oramorph 10mgs/0.5mls	15.10.98	1410hrs
		Oramorph 10mgs/0.5mls	15.10.98	1955hrs
		Oramorph 20mgs/1mls	15.10.98	12 midnight
		Oramorph 10mgs/0.5mls	16.10.98	0600hrs
		Oramorph 10mgs/0.5mls	16.10.98	1005hrs
		Oramorph 10mgs/0.5mls	16.10.98	1515hrs

Book 23	Page 87	Diamorphine 20mgs	16.10.98	1610hrs
		Diamorphine 20mgs	17.10.98	0515hrs
	Page 85	Diamorphine 30mgs	17.10.98	1550hrs
	Page 33	Diamorphine 10mgs	17.10.98	1550hrs

Book 23	Page 85	Diamorphine 60mgs	18.10.98	1450hrs
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Book 23 Page 97 shows syringe driver wastage

PITTOCK

Book 20 2020)	Page 76	Oramorph 10mgs/5mls	10.01.96	1020hrs (probably
		Oramorph 5mgs/2.5mls	11.01.96	0610hrs
	Page 77	Oramorph 5mgs/2.5mls	11.01.96	1015hrs
		Oramorph 5mgs/2.5mls	11.01.96	1415hrs
		Oramorph 5mgs/2.5mls	11.01.96	1815hrs
		Oramorph 10mgs/5mls	11.01.96	2235hrs
		Oramorph 5mgs/2.5mls	12.01.96	0615hrs
		Oramorph 5mgs/2.5mls	12.01.96	1015hrs

		Oramorph 5mgs/2.5mls	12.01.96	1400hrs
		Oramorph 5mgs/2.5mls	12.01.96	1800hrs
		Oramorph 10mgs/5mls	12.01.96	2235hrs
		Oramorph 5mgs/2.5mls	13.01.96	0620hrs
		Oramorph 5mgs/2.5mls	13.01.96	1000hrs
		Oramorph 5mgs/2.5mls	13.01.96	1400hrs
		Oramorph 5mgs/2.5mls	13.01.96	1815hrs
		Oramorph 10mgs/5mls	13.01.96	2230hrs
		Oramorph 5mgs/2.5mls	14.01.96	0600hrs
		Oramorph 5mgs/2.5mls	14.01.96	1000hrs
	Page 78	Oramorph 5mgs/2.5mls	14.01.96	1450hrs
		Oramorph 5mgs/2.5mls	14.01.96	1830hrs
		Oramorph 10mgs/5mls	14.01.96	2200hrs
		Oramorph 5mgs/2.5mls	15.01.96	0600hrs
Book 21	Page 7	Diamorphine 20mgs	15.01.96	0825hrs
	Page 11	Diamorphine 60mgs	15.01.96	0825hrs
	Page 7	Diamorphine 20mgs	16.01.96	0705hrs
	Page 11	Diamorphine 60mgs	16.01.96	0705hrs
	Page 7	Diamorphine 20mgs	16.01.96	1300hrs
	Page 11	Diamorphine 60mgs	16.01.96	1300hrs
	Page 7	Diamorphine 20mgs	16.01.96	0830hrs
	Page 16	Diamorphine 100mgs	16.01.96	0830hrs
	Page 7	Diamorphine 20mgs	17.01.96	1535hrs
	Page 16	Diamorphine 100mgs	17.01.96	1535hrs
	Page 7	Diamorphine 20mgs	18.01.96	1500hrs
	Page 16	Diamorphine 100mgs	18.01.96	1500hrs
	Page 7	Diamorphine 20mgs	18.01.96	1500hrs (should
be 19.01.96)	Page 16	Diamorphine 100mgs	19.01.96	1500hrs
	Page 7	Diamorphine 20mgs	20.01.96	1530hrs
(Discarded)?	Page 16	Diamorphine 100mgs	20.01.96	1530hrs
(Discarded)?				
	Page 7	Diamorphine 20mgs	20.01.96	1800hrs
	Page 16	Diamorphine 100mgs	20.01.96	1800hrs

Page 7	Diamorphine 20mgs	21.01.96	1745hrs
Page 16	Diamorphine 100mgs	21.01.96	1745hrs
Page 7	Diamorphine 20mgs	22.01.96	1515hrs
Page 16	Diamorphine 100mgs	22.01.96	1515hrs
Page 7	Diamorphine 20mgs	23.01.96	1545hrs
Page 16	Diamorphine 100mgs	23.01.96	1545hrs