

Portsmouth Hospitals

NHS Trust

Division of Medicine for Older People

Exception Report to Governance Committee

November 2007

1. Safety

1.1 Infection Control

Following an infection control audit two of the South Block wards will be decanted in order that their sluices and bathrooms can be upgraded. There has been a campaign to de-clutter the environment, but there are still problems with storage space for big items in South Block. The latest infection control review (September 2007) shows the following for the year to date:

	Trajectory target	Actual
Number of cases of MRSA bacteraemia	3	3
Number of cases of C Diff	26	30

Data on any deaths as a result of MRSA or CDiff was not available at the time of this report, but has been requested.

The Division is about to start daily audited checks of cleanliness, hygiene and clutter.

2. Clinical and Cost effectiveness

2.1 The Division is currently predicting an underspend at year end, although the impact of the works alluded to in section 1 has yet to be fully understood.

3. Governance

3.1 Mandatory and induction training

The Division is achieving 100% to induction training. It is not achieving 100% attendance at Essential training. The reason for this is that it is not possible to release staff to the sessions.

3.2 Staffing

The current staffing levels pose a risk to safety and quality. (Possibly demonstrated in the increase in complaints – section 4.1) Current vacancy rate is 10.3% plus 2.6% on maternity leave. The restriction on external advertising has had a cumulative effect in that we are not able to cope with the gaps left by normal turnover. However we have recently been given permission to recruit to high risk areas: South Block, QA and Community Hospitals. We also consider that we have areas of concern in some SMH wards (Guernsey [which needs nurses with specialist knowledge and skills] and B3 in particular). Despite action to recruit internally and move staff between wards we still have worrying gaps created by vacancies, maternity leave, long term sickness and secondment of staff to central teams in response to the urgency of patient flow issues. This situation is exacerbated by the poor fill rate from NHSP (currently at about 55%).

3.3 Recruitment

The recruitment process has been extremely problematic which has very much exacerbated the problems described above.

3.4 Sickness absence

Sickness absence is currently at 7.3%. This is much higher than our target (4%). The HR team is undertaking some analysis of the causes of the sickness leave to enable us to tackle it. We will be sending out a letter to every staff member to outline their responsibilities and indicate that the Matrons will become involved in the return to work interviews if indicated

4. Patient Focus

4.1 Complaints

There was a slight rise in complaints in the second quarter. (12 as opposed to the previous quarter total of 10).

At the beginning of the third quarter, there have been 11 in October alone. The issues include nursing care, mis-diagnosis, equipment failure and communication. All complaints are followed up with an action plan, which is overseen by the DGM. The number of complaints has caused problems in achieving response times as the Divisional management team is currently at only 50% strength (currently awaiting the arrival of 3 team members following successful recruitment.)

5. Accessible and Responsive care

5.1 Patient Flow

The Division is not currently meeting its patient flow targets. There is a weekly meeting at which problems with flow are discussed and action planned but there are currently several factors beyond the Division's control which are affecting the ability to meet targets (eg with local paucity of residential care provision). Actions which the Division has taken to address this are:

- Moving nurses from the ward teams to work in the care transfer team. (This is aimed at making the process more efficient)
- Rostering care transfer team members at weekends
- Rostering Matrons over Bank Holidays
- Producing a daily report of each ward's flow against target so teams can take ownership of flow issues

5.2 PFI

The following innovations are currently being planned for when the Division moves into F and G level in 2009:

- Stroke Unit with thrombolysis facility
- Dementia care unit for people with dementia and physical illness (to include outreach)
- Palliative unit to return to QA (to include outreach)

6. Care Environment and Amenities

6.1 South Block wards

General upgrade is in progress (see Section 1)

7. Public Health

Nil to report

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Division of Medicine for Older People

February 2008

1. Safety

1.1 Infection Control

Following an infection control audit there has been an upgrade to the South Block wards. Since the upgrade a PPIF unannounced walk around has been undertaken and we are awaiting the report from this visit.

The Division has started daily audited checks of cleanliness, hygiene and clutter, and Mary ward has started hourly toilet checks. This piece of good practice will be shared with other wards. Care Bundle audits are going well in some wards and not so well in others. The Matrons and Ken Topliss are currently providing extra support to areas that are struggling. The Division has an infection control group chaired by the DCD.

2. Clinical and Cost effectiveness

2.1 Budgetary Balance

The Division is currently predicting an underspend at year end. This is estimated to be falsely low due to difficulties recruiting into substantive posts and obtaining the flexible workers that we request.

3. Governance

3.1 Mandatory and induction training

The Division is achieving 100% to induction training. It is not achieving 100% attendance at Essential training. The issue of appropriate training has been raised at a recent coroner's case: specifically in relation to night staff. The Divisional Senior Nurse will be focussing in appraisals and training for night staff

3.2 Staffing

The current vacancy rate is 10.93%. The fill rate from NHSP has dropped to approximately 50% (From 55% in the last quarter). Recruitment has increased in this quarter, and there are plans to take on more staff in the next month.

3.3 Sickness absence

Sickness absence is currently at 7.4%. (Up from 7.3% last quarter) This is much higher than our target (4%). the Division has asked to be part of the electronic sickness recording system that will be piloted in April.

4. Patient Focus

4.1 Complaints

The number of complaints rose in the last quarter and will probably stay at that level this quarter. The Division would hope to see these numbers reduce to those recorded in Q1 which have been more typical of the Division in the past.

Quarter '07 – '08	1	2	3	4 (so far)
Formal	5	12	15	14
Informal	5	3	4	1

5. Accessible and Responsive care

5.1 Patient Flow

The Division is not currently meeting its patient flow targets. The number of people whose discharge is delayed has climbed to 27 since Christmas and remains steady at about that level. The most usual cause for delay is waiting for placement in a Nursing or Residential Home. The Continuing Care legislation has also impacted on performance in this respect – making the discharge assessments longer and more complex than they used to be.

5.2 Flex bed provision

The Division has opened 11 beds on Blendworth 1 which has increased capacity over the Winter period. The ward is overseen by a Consultant Geriatrician, but is largely nurse and therapy led. It provides for people who have complex discharge needs and who require specialist input to this aspect of their care

6. Care Environment and Amenities

6.1 PFI

The Division will move into F and G level in 2009. There are considerable change that need to be made to the environment to make it suitable for Older People. (Part of G level is currently a Paediatric Unit, and most of the toilets, bathrooms and showers will need changes to enable use for people who need large items of equipment to assists with hygiene and bathing. An Operations manager is currently negotiating these changes with Carillion

7. Public Health

Nil to report