Portsmouth Hospitals **NHS**

NHS Trust

Report to Governance Committee

Division of Medicine for Older People

July 2008

1. SAFETY

C1

a) The Division has a robust incident and near miss reporting procedure in place. All incidents are reviewed by the Divisional Risk Manager for appropriate action to be taken. All incidents are regularly analysed for trends etc and action taken as necessary. Current activity includes a Division wide bedrail audit in line with the new Policy for the use of Bedside Rails. There are currently root cause analysis being completed for two ongoing Serious Untoward Incidents which are due for completion shortly.

b) There is a procedure in place for the dissemination of Medical Device Alerts and Patient Safety Alerts across the Division. All actions taken, including not applicable responses, are reported in a timely manner to Martin Smalley who co-ordinates all Trust responses.

C2

Child protection training has not been attended by Divisional staff as we are trying to prioritise training given the difficulties releasing staff

C3

NICE interventional procedures guidance is considered at the Divisional Governance meeting and acted on if relevant

C4

a) Awaiting the results of the HCC visit during which 3 of our wards were visited. Link nurses have been identified on each ward and ward sisters have been asked to prioritise their attendance at link sessions. DMOP have just become involved in the releasing time to care project which will support our ongoing work with clutter reduction. The Division has an infection control group chaired by the DCD.
The process for investigating all control of infection incidents (C.Diff and MRSA B) has been reviewed recently with increased involvement Consultants and ward staff: it is now more robust, including the monitoring and signing off of action plans at the Divisional Infection Control Committee. We will be monitoring/auditing the Ward audits on the newly introduced Portsmouth Hand Hygiene Tool

b), c), d), e) No particular issues with medical devices, reusable medical devices, medicines or waste

2. CLINICAL AND COST EFFECTIVENESS

C5

a) NICE technology appraisals are considered at the Divisional Clinical Governance meeting and acted on if appropriate.

b) No particular issues with supervision of clinical staff.

c) The ability to update clinical skills is hampered by difficulties in releasing staff.

d) Audits in the last quarter have included handwashing, medical record keeping, bed rails use and appraisal uptake. The Division has no dedicated resource for undertaking audits: Medical staff are expected to undertake audit and can devote time to doing this but nursing staff are unable to do so due to time constraints.

C6

Divisional links with local Social Services, primary carer Trusts and Mental Health facilities are well established. The Division has representation on groups examining the emergency care pathway.

3. GOVERNANCE

C7

a) and c) the Divisional risk register is now in operation which is in line with the Trust risk register. All aspect of governance are monitored via the Divisional meetings. No particular issues to report.

C8

a) Staff raise issues via their line managers or more senior staff if they feel appropriate. Not aware of any problems.

b) Staff have personal development plans set at appraisal and the Division uses its full allocation of post qualifying allowance. We have also requested NVQ training for all HCSW's that have been nominated by their managers. A Divisional audit on appraisal uptake (attached) showed that 39.5% of nursing and administrative have had a KSF appraisal in the year from April 2007 – March 2008. The reasons for not completing 100% were stated as the complex nature of the paperwork and (for clinical staff) lack of time.

BME staff have voiced concerns that they were unable to attend a network study day in June. The reason given by managers for this was inability to release staff. (A recurring problem for all study days). However, the Division understands that it would be helpful to promote positive action for this group of staff in future.

C9

No issues regarding medical records to report.

C10

No issues regarding employment checks and monitoring of staff against codes of practice

C11

a) No issues with recruitment process. Following reductions in nurse ward establishments as part of the savings plan there are low numbers of vacancies. And we are actively recruiting to these. The Division's sickness rate has decreased for the 4th month running

b) The Division has invested some resource in increasing the uptake for essential training: we have a link person who will work with the Learning and Development Department to increase the uptake of e-learning and who will line managers in using electronic systems to plan and monitor training uptake.

c) See C8 b)

C12

Hand Mittens Control research study completed in June. A policy and clinical guideline has been completed and is awaiting ratification at PAC. The findings will be posted on the FONS website.

4. PATIENT FOCUS

C13

a) Treating patients and carers with respect and dignity is an issues that has been mentioned in complaints. (Summary for last quarter attached). The number of complaints has risen again this quarter (continuous rise since Q3 2007) which is of concern and has been discussed at the Divisions' meeting with the Executive in June. *(Appendix 1)*

b) One ward (out of 17) has received 22% of the Division's complaints in the last year and we have asked for assistance from the Head of Nursing to do some focussed work with the team. No issues to report with consent

c) No issues to report with confidentiality

C14
No issues to report regarding access to complaints process, discrimination or acting on concerns.

C15
No issues to report regarding he provision of food

C16
No issues to report regarding access to information

5. ACCESSIBLE AND RESPOSIVE CARE

C17
The Division is incorporating methods of obtaining users' views into its SLM plans.

C18
No issues regarding equality of access

C19
Ability to offer specialist services in the Division is to a large extent dependent on the ability to discharge patients in timely fashion. Our partner organisations have had some difficulties in supporting our patients with discharge which has created a rise in the number of patients having their discharge delayed form our services. Mary Sherry is supporting us in resolving some of the issues involved, and we are engaged with the emergency care pathway streams

6. CARE ENVIRONMENT AND AMENITIES

C20
A recent upgrade in South Block has been well received by both staff and users

C21
The Division is actively engaged in work with estates to ensure the new environment in F and G level 9post month 42) is suitable for its patients. There will need to be changes made to bathrooms and toilets to enable frail older people to use them. Glen Hewlett is assisting with this assessment and ongoing works. Works may incur some cost for which the Division has no current budgetary allocation

7. PUBLIC HEALTH

C22
No relevant issues to report regarding inter-organisational working

C23
No disease prevention programmes in progress

C24
The Division is actively engaged with Pandemic Flu planning.

NDIX 1: SUMMARY OF
PLAINTS FOR Q1, 2008-9

Date of Complaint	Summary of issues
02-Apr-08	Transport arrangements
10-Apr-08	Care on ward
14-Apr-08	Discharge arrangements
24-Apr-08	Patient care on ward
08-May-08	Patient care on ward
09-May-08	communication
13-May-08	Attitude of member of staff
23-May-08	Communication & Transport arrangements
27-May-08	Attitude of member of staff
30-May-08	Pain control/treatment
03-Jun-08	Patient care on ward
05-Jun-08	Discharge arrangements
02-Jun-08	Discharge arrangements
06-Jun-08	Poor communication
06-Jun-08	Poor communication
16-Jun-08	Poor communication
18-Jun—08	Admission/treatment of patient
20-Jun-08	Patient fell on ward
20-Jun-08	Poor communication
20-Jun-08	Patient collapsed on ward